



This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

- + *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
- + *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
- + *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
- + *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at <http://books.google.com/>

**BOSTON MEDICAL LIBRARY.
IN THE
FRANCIS A. COUNTWAY
LIBRARY OF MEDICINE**

THE
STETHOSCOPE
AND
VIRGINIA MEDICAL GAZETTE:
A
MONTHLY JOURNAL
OF
Medicine and the Collateral Sciences.

EDITED BY

P. CLAIBORNE GOOCH, A. M., M. D.

SECRETARY OF THE AMERICAN MEDICAL ASSOCIATION, SECRETARY OF THE
MEDICAL SOCIETY OF VIRGINIA, FELLOW OF THE PATHOLOGICAL
SOCIETY OF MONTREAL AND OF THE PARISIEN
MEDICAL SOCIETY, ETC.

"Medicine is enriched by Facts only."—BROUSSAIS.

VOL. II.

RICHMOND:

PRINTED BY RITCHIES & DUNNAVANT.

1852.

THE
STETHOSCOPE,
AND
VIRGINIA MEDICAL GAZETTE.

VOL. II.

RICHMOND, VA., JANUARY 1852.

NO. I.

Sulphate of Quinia—Its Use and Abuse.

BY R. L. MADISON, M. D., PETERSBURG, VA.

Credulity is the besetting error of the age. It is this that gives to quackery its giant strength to cope with science and tamper with disease. It is this that makes each newspaper in our land teem with the praises of a thousand nostrums. It is this that makes the druggist yield his sense of honor to the love of gain, and thus become the willing vender of each secret charm. It is this that makes the trusting invalid give his last dollar to the charlatan, who, while he helps him onward to the grave, tickles his fancy with delusive hopes. It is this that decks both ignorance and error in fascinating garb, and clothes in all the livery of truth the flaming falsehoods of the quack. This condition of things in the medical world is in a great measure attributable to the decided tendency of the age to deduce conclusions from imperfect data—to base theories upon isolated or badly connected facts—and to reason from particulars to generals, thereby reversing the true order of reasoning. Whatever is discovered to be true in a single instance is forthwith conjectured to be applicable to all analogous cases, and thus we have theory after theory in rapid succession issued forth to the world, accounting with specious though sophistical argument for all the varied phenomena of nature, the conclusions of which are alike at variance with sound reason and with common sense. This is true of all the departments of science, and medicine is by no means exempt;

for inasmuch as medical philosophy, like all other philosophy, must of necessity be based upon experiment, theorists are too apt to predicate opinions upon insufficient grounds, and to reason from analogy, by which even the most opposite doctrines can be easily made tenable. But in addition to the retardation of science by opinions too hastily conceived, there is another cause co-operating with even greater power in effecting the same result. I allude to the exclusive or indiscriminate employment of any single remedy in the cure of disease; the *routinist*, the "homo unius medicinae," is but a quack at best, who blindly and irrationally prescribes, and who trusts to Providence and the power of nature for that which ought to be accomplished by professional skill and scientific treatment. This practice of indiscriminately using a medicine without any rational indication for its exhibition, has done more to bring the whole science into disrepute, and to cast a stigma upon professional character, than all other causes combined. It is this that has created in the popular mind so powerful a prejudice against the use of *calomel*, and has made the current of unprofessional opinion so adverse to its administration. Every quack in the land knows well how to take advantage of public sentiment in this particular; for when he sets forth in glowing colors the wonder working power of his *valuable* preparations, he always concludes with the "ad captandum" argument, which he conceives must carry conviction of their efficacy home to every unbiased mind, "*that his medicines contain no mercury.*"

This popular clamor against a remedy which stands first upon the list of the *materia medica*, and which, when properly and judiciously administered, constitutes one of the most efficient weapons which the physician can wield against disease, owes its origin and its present sustentation to its indiscriminate application in the cure of disease, or rather, to its not being restricted within its proper and legitimate sphere of curative action.

This brings me to the consideration of the subject which stands as the caption to the present article. The cinchona bark, from which the substance quinia is extracted, has derived its name from the countess of Chinchon, wife of the viceroy of Peru, to whom the medical world is indebted for its first introduction into Europe in 1640. It soon after fell into the hands of the Jesuits and became to that order a source of great pecuniary emolument; since which time, notwithstanding the opposition at first inspired by its extravagant price, and the violent prejudices conceived against its use, it has continued constantly to advance and steadily to maintain a highly reputable character with the profession generally; and

at present it has well nigh reached the acme of its popularity, and stands forth the crowning glory of anti-periodics. But this very popularity to which it has so deservedly attained seems destined ere long to be the means of bringing it into disrepute, by causing it to be perverted from those uses to which all past and present experience has assigned it, and by endeavoring to make it fulfill indications entirely at variance with its well known therapeutic action. No one can entertain a higher opinion of the anti-intermittent virtues of the sulphate of quinia than myself. Restricted to this sphere of action, it certainly stands without a rival. As a tonic it has both equals and superiors; but the practice of exhibiting this medicine in enormous doses as a *sedative* in inflammatory affections, and as an able adjuvant to the lancet, is becoming to a considerable extent fashionable with physicians, especially at the South.

This practice I consider as pernicious in the extreme; for all experience indubitably proves the sulphate of quinia to be an *excitant*, not only of the nervous, but also of the vascular system; the cerebral disturbance evinced by a feeling of fullness in the head, ringing, buzzing or roaring in the ears, and partial deafness, is almost invariably produced by small doses; in larger ones, in addition to the above mentioned phenomena, it has occasioned intense cephalalgia, vertigo, deafness, loss of sight, with dilated and immovable pupils, loss of speech, delirium, coma, and great prostration; it has even proved in these large doses the obvious cause of death, by co-operating with the disease in establishing intense inflammatory action in the brain. Occasionally, when administered in certain morbid conditions of the system, it has been known to produce diminution of the heart's action. But may not this effect be justly ascribed to the intense excitement of the quinia, acting in such a manner as to obtund the nervous power of the brain and to paralyze its energies? Everybody knows that the most powerful stimulant, when given to excess, will produce sedation, and yet no one would be rash enough to resort to such means as a cure for an inflammatory affection.

This practice, therefore, of using the sulphate of quinia in very large doses is much to be deprecated, not only because it is thus diverted from its legitimate sphere of action, but also because by this wasteful and injurious mode of administration, its price is enhanced to such a degree as to place it beyond the reach of the poorer classes in every community. For this last reason, if for no other, it becomes interesting to enquire, What is the smallest quantity upon which we may with safety rely for the arrestation of any given paroxysm? This must of course depend upon the nature of the paroxysm, the duration

of the malady, the time at which the medicine is administered, and the constitution of the patient. Now, my own experience, together with that of a number of physicians with whom I have conversed on this subject, induces me to believe that it is rarely necessary to administer more than 16 grains, in the intermission of a disease or in the remission of a fever—this quantity having proved, in a majority of cases, entirely adequate to arrest periodicity in any form. In some cases eight or ten grains will be quite sufficient. As regards the mode of exhibition, I greatly prefer the *solution*, not only because it is thus more easily absorbed, and more speedily produces its effect upon the system, but also because you are enabled to give the entire dose two or three hours before the expected paroxysm, and thus obviate the necessity of disturbing the patient's rest, which is generally done where the *pilular* form is preferred. The only instances which forbid the employment of the solution, are those of weak, nervous individuals, laboring under great gastric irritability. Now, inasmuch as I object to the use of quinine as a tonic, because there are other medicines which more ably subserve this purpose, and inasmuch as I entirely condemn its use as a sedative, owing to its deleterious action on the brain, I will cite a few cases which have come under my observation, proving its great power as an anti-periodic, not so much with the hope of presenting anything new to the profession, as with the desire of restricting the use of quinine within its clear, undoubted and rational sphere of action.

Case 1.—C****, æt. 35, was seized on the evening of the 29th of August with severe inflammatory rheumatism, involving the knee and ankle joints of the left leg. I saw him in the course of the evening; there was great constitutional disturbance; pulse 115, hard and bounding; tongue coated; constipation; local pain intense. I immediately bled him to the extent of $\frac{3}{4}$ xij; gave the following:

R̄ Hydr. chlorid. mit. pulv. jalapæ, aa. gr. v, morphia sulph. gr. $\frac{1}{2}$, and had the limb wrapped in flannel wrung out of hot vinegar.

Aug. 30.—Had not slept; pain lessened; medicine had acted once; pulse 112. Ordered six cut cups to the lumbar spine, and R̄ Magnesia sulph. $\frac{3}{4}$ ss, magnesia carbonat. vin. rad. colch. aa. 3 i, syp. aurant, cort. $\frac{3}{4}$ ss, aq. carbonate $\frac{3}{4}$ vi, M. S. $\frac{3}{4}$ i sum. ter die.

Aug. 31.—Better in the morning, but again seized at night with all the symptoms as violent as at first; repeated the cups to the spine, directed the colchicum and magnesia to be continued, and gave an anodyne.

Sept. 1—Did not sleep until towards morning, when the pain abated, and the pulse fell to 100, but rose again in the evening to 112, with a recurrence of the pain. Seeing this disposition to remit, and learning moreover that he had been exposed to the influence of malaria, I determined to use quinine. On the following morning I gave him, \mathcal{R} Quinia sulphat. gr. xv, aq. camphora \mathfrak{z} ij, tinct. digitalis gtt. xv, syp. zingiber \mathfrak{z} ij, M. Fiat haust. Had no rise of fever.

Sept. 3—Pulse 75, skin cool and perspirable; tongue clean; complains only of a little soreness in the affected joints.

Sept. 6—Quite well.

Case 2.—F****, colored woman, æt. 28, seized on 7th of August with complete retention of urine, which at first I was disposed to attribute to "retroversio uteri" or "prolapsus." An examination convinced me that neither was the case, nor was there any derangement of the pelvic viscera. She was relieved by the catheter, and took the following: \mathcal{R} Fol. uvæ ursi, \mathfrak{z} ij; fol. diosmæ \mathfrak{z} ss.; bac. junip. cont. \mathfrak{z} ij; aq. bullient Ojss; strain and add soda bicarbonate \mathfrak{z} ij; S. Wineglassful every two hours. Aug. 8—Retention continues; relieved by the catheter; secretion abundant; took \mathcal{R} Tinct. ferri chloridi \mathfrak{z} ss. S. gtt. x, quater die. August. 9—Quite well. August 10—Retention again relieved by the catheter; ordered the drops to be continued. August 11—Micturition easy; secretion copious. August 12—Complete retention. Here was a remarkable case of periodical retention. On the following day I gave her \mathcal{R} Quiniæ sulphat. gr. xij; aq. distillat. \mathfrak{z} ij; acid. sulph. gtt. ij; tinct. digitalis gtt. x. M. Since which time there has been no recurrence of this troublesome affection.

Case 3.—Sept. 19—Called to see Mrs. G****, æt. 21; found her with facial neuralgia, which had tormented her for several weeks—face much swollen, great tenderness on pressure; wished to have the nerve divided, which I declined doing. Applied a solution of camphor in chloroform locally, with considerable relief. Sept. 21—Pain as violent as ever; ordered \mathcal{R} Pulv. rhei. gr. x; magnesia cal. \mathfrak{z} j, and the following cerate: \mathcal{R} Morphine sulph. gr. ij; cerat. simp. \mathfrak{z} i. Sept. 22—Swelling, pain and tenderness greatly diminished. No fever; appetite good. Sept. 23—Pain agonising; skin hot and dry; tongue coated; ordered a mercurial cathartic and continued the cerate with warm applications. Sept. 24—Pain dull; skin cool and moist, pulse 80. Gave \mathcal{R} Magnesia sulph. \mathfrak{z} ss. quiniæ sulph. gr. xv; aq. distillat \mathfrak{z} ij; acidi sulph. gtt. ij; tinct. digitatis gtt. x ij. M. Sept. 25—Slept well; pain gone, and up to this time has had no return of this painful malady.

Case 4.—Mr. M****, attacked with symptoms of acute dys-

entery on the 18th of October, which, however, did not confine him to his bed. Applied to me on the 21st—could not trace the disease to errors in diet—ordered a laxative, and then gave the following: \mathcal{R} Pulv. opii. gr. vi; plumbi acetat. gr. x ij; acidi tannici gr. xxvi; mel opt. q. s. ut. fiat. mass. in pill. xij. Dividenda, \mathcal{S} —One every three hours. Saw him again on the 27th; had been twice temporarily relieved by the pills; was now troubled with rise of fever every night, great *tormina* and *tenesmus*, with *spasm of the rectum*. All of these symptoms subsided entirely during the day. At 4 o'clock in the afternoon he took \mathcal{R} Quinia sulphat. gr. xij; aq. camph. \mathcal{Z} ij; tinct. digitalis gtt. x. \mathcal{M} ; and at night the following enema: \mathcal{R} Mucil acaciæ \mathcal{Z} ij; tinct. opii. 3 i. \mathcal{M} . By these means the fever was prevented, the spasm allayed and the dysentery cured.

These cases amply suffice for the purpose of illustration.

It will be seen that in the treatment of the above cases I have employed digitalis and camphor in combination with quinine; the object of this being to prevent the disagreeable nervous sequelæ which follow the use of quinine alone. For this I am indebted to my friend Dr. Worsham, of Dinwiddie; and my own experience fully corroborates the truth of his statement.

Remarks on the Fluid Extract of Ergot.

BY JOSEPH LAIDLEY, PHARMACEUTIST, OF THE CITY OF RICHMOND.

Ergot is an agent of so extensive therapeutic application, and of such asserted value in the treatment of some of the most delicate and critical cases which come under the obstetrician's care, that it becomes a matter of the most serious importance to secure the medicine in such a form as will render him confident that the remedy possesses all its active properties perfect and unimpaired. It is to bring before the notice of the medical profession such a preparation—the fluid extract of ergot—that this article is written. As a pharmacist, it does not become the writer to dwell upon the medical properties of the drug. His legitimate business is to gain a knowledge of the chemical characters so far as they are known, and satisfy himself of the purity of his drugs, and to prepare, in conformity with this knowledge, a preparation which will *fully represent* the drug, and will retain its virtues unaltered for a reasonable length of time.

Ergot has, owing to the inefficacy of its preparation, generally been administered in substance; but to this form there

are objections, viz: the bulk and nauseousness of the dose, the uncertainty that the ergot was good before powdering, that the powder was recently prepared; and often is the inconvenience of powdering it while the patient is waiting experienced. Ergot is exceedingly prone to undergo change. It cannot be fresh at all seasons of the year; and unless it be very carefully preserved, it soon attracts moisture, swells up, becomes softer, and then suffers greatly from the attacks of insects; in proof of which, Pereira mentions that in four months seven and a half ounces of faecal matter from these were formed in seven pounds of ergot—(Pereira, Mat. Med. vol. 2, p. 67.)

When we remember that the acarus which preys on ergot is only one-fourth the size of the cheese mite, it will be evident that the number of insects necessary to produce so much excrementitious matter in so short a time must have been very great.

For preserving the powder various methods have been suggested, but they are mostly either so troublesome or expensive as to be now seldom resorted to. Having thus considered the difficulties of preserving ergot itself, the importance of having a good preparation of it that will keep becomes manifest.

The preparations heretofore employed have been the (solid) extract, decoction, injection, tincture, syrup, compound powder, pill, wine and the oil. Pills and the extract are only suitable for administration in such cases as require the continued use of the medicine; being solid, they do not exert their influence speedily enough for cases of labor; besides, not one of the above preparations fully represents ergot. We are as yet unacquainted with the active principle of this medicine. It was supposed to be the oil; but this view has been shaken by the fact that the oil, when obtained by *simple expression*, is inert; but when procured by treating ergot in powder with ether, and allowing the latter to evaporate spontaneously, the resulting oil possesses in some degree at least the properties of ergot, shewing that the oil, when obtained by means of ether, probably contains *some* of the active principle dissolved in it, but is not itself that principle. Again, it was thought by others that in the extract (sometimes, but erroneously termed ergotine) resided the active principle; but this view has given place to the belief that while it possesses some activity, yet it is not *the* active principle. While this subject is invested with so much doubt, there seems to be but one proper course to pursue in making a preparation of the drug—that is, to make a medicine that will exactly represent ergot in its natural form. This the author has done. He was desirous of offering to the obstetrical practitioner a medicine that will relieve the latter

of the difficulty he has labored under when prescribing ergot, caused by the uncertainty of the drug itself, (owing to age or other cause,) or of weak preparations made from, probably, an equally uncertain article. In fulfillment of this desire the fluid extract is offered. It is prepared by treating fresh and good ergot in powder first with ether, allowing the latter to *evaporate spontaneously*, thus securing all the oil; then with alcohol, and lastly with water; the last two liquids are evaporated below 212° until the fluid measures one-third as many fluidounces as the ergot employed weighed in troy ounces; sufficient sugar is added to preserve it, and the oil is then thoroughly incorporated, and sufficient water added to render it of such strength that one fluidrachm (one teaspoonful) will represent 40 grains or about two doses of ergot.

Prepared as above, fluid extract of ergot is in the form of a concentrated syrup, possessing the advantages of being pleasant to take, of being always ready for use, thus avoiding the delay sometimes attendant upon administering a medicine where delay is so hazardous as in labor. The smallness of the dose is another recommendation in its favor. The writer believes that it will keep unchanged for a long time. Some in his possession, after having been kept for about two months in a moderately warm situation, is entirely unchanged. Some of this preparation was furnished to Dr. C. S. Mills of this city, who tested it in a case of labor about the middle of November. He informs the writer that it proved entirely satisfactory; its action was almost immediate and produced no nausea.

A Case of Polypus Uteri successfully removed with the double canula and ligature.

BY JOHN P. METTAUER, M. D., L. L. D.

Professor of the Principles and Practice of Medicine and Surgery, &c. in the Medical Department of Randolph Macon College, Virginia.

The subject of this case was *ætat.* about 31, originally of good constitution, rather tall and fleshy and healthy. At the age of 20, her catamenial flows manifested a disposition to become menorrhagic, and this tendency progressively increased until her marriage, which took place in her 25th year. The catamenial fluxes became so profuse ultimately before her marriage, as to enfeeble the health in marked degree. After marriage, and during the first pregnancy, the health improved greatly, and the term of uterogestation was completed without anything untoward taking place. Her recovery, too, after confinement, was fortunate, nothing having intervened

to retard or disturb it in any way. The period of lactation also was highly favorable, and closed with a second conception 18 months after the first delivery. This second pregnancy was like the first, unattended with any remarkable irregularity; yet it was not as free from suffering and sympathetic disorder as the first. After confinement it was discovered, for the first time, that there was an unusual presentation in the vagina, in its uterine extremity, and very near the os uteri; and the patient herself, I believe, first detected it. After this second parturition, with the exception of the uneasiness of mind in consequence of the knowledge that a tumor existed in the vagina, recovery went on favorably, but not as much so as after the first. The general health did not recover its wonted vigor, nor did the lady resume her domestic relations and duties, until months after delivery, and even then she was comparatively feeble, pallid and emaciated. I should have stated, that when the catamenia reappeared after the first confinement, it presented the menorrhagic character as before conception; and this was the case after the second confinement also, only that the flux was far more profuse and hæmorrhagic in its character, and began to assail the patient's health seriously from the loss of blood. From this time the hæmorrhages took place periodically at every menstrual period, increasing in profuseness until the degree of anæmia, with its attendant debility, became excessive, and life seemed to be rapidly in its ebb tide.

When the case came into my hands the lady was greatly enfeebled, and the general health much impaired in other respects. The bowels were extremely irritable, and almost constantly harassed with diarrhœa. A short time before the patient was brought to my neighborhood she had experienced a most alarming hæmorrhage, which very nearly cost her her life. I found upon my first examination that the entire vagina was occupied by a firm oval tumor, with a polished surface, but indented or uneven. So completely did it fill the vagina, from the os uteri to its verge, and from side to side, that I could not introduce my hand, not even a finger, by the side or around it, to the "cul de sac" of this canal. After having again and again failed in my attempts to reach the os uteri, or the attachment of this immense body—and finding, too, that my trials tended to excite hæmorrhage, and inflicted much pain with the suffering woman—I determined to rely, in making up my opinion, on the differential diagnosis of polypus and prolapsus, or inversio uteri, and finally came to the conclusion that it was polypus, chiefly by reason of the firm insensible nature of the tumefaction when pressed upon with the finger,

and from the issue of the blood always taking place from the cul de sac of the vagina. The exhausted and prostrated condition of the lady forbade the immediate resort to the operation. Restoratives, with rest, and narcotics to restrain and quiet the bowels, were premised for more than a week, and much to the improvement of the condition of the lady. At length, on the 28th day of April I applied a silken cord, by the aid of Gooch's double canula, and without pain or difficulty. After tightening the cord some slight pain was experienced, but it soon subsided. In this condition the case was left until the next day. I now tightened the cord, but by reason of the pain it induced, I relaxed it, and removed both the cord and canula, fearing the case might be *inversio uteri*, and administered a moderate dose of cathartic medicine, rhubarb, calomel, and one grain of ipecac. to the dose, according to the annexed formula: \mathcal{R} Rhei rad. pulv. gr x; calomel, gr. iii; ipecac pulv. gr i; aq fontæ; s. q. M. Divide in pills iii for one dose—to counteract any inflammatory irritation that the cord might have induced in the uterus and its appendages. The remedy acted promptly, procuring copious and consistent evacuations, very much to the relief of the pain and uneasiness of the parts irritated by the cord. After two or three days the cord was reapplied, all apprehensions that the case might be *inversio uteri*, having been removed by further reflection and gentle re-examination of the presenting body by the taxis. The reapplication was not attended nor followed by pain, nor did I experience much difficulty in the operation. This operation was performed on the 3rd day of May.

On the succeeding day the cord was tightened without causing pain. On the third it was again tightened. On the fourth I tightened it, but in drawing the cord it suddenly cut off the tumor, and the canulæ came away, bringing with it the cord, which was drawn quite against the extremity of the canulæ, shewing that it had passed entirely through the peduncle of the polypus. No blood of consequence followed the sudden division of the foot-stalk. After some respite, an attempt was made to remove the tumor from the vagina, and for the purpose I employed obstetrical forceps. In this step of the operation much difficulty was encountered. After several ineffectual trials, at the earnest solicitation of the lady, I determined to defer any farther attempt to remove the polypus until the next day. In the mean time I purged the bowels with a cathartic, such as was administered and particularly described above. The next day I renewed my efforts, and finally succeeded in removing the huge mass, employing one blade of my obstetrical forceps, and the crotchet forced into

the tumor and made to fasten upon its interior at the same time. This was both a difficult and painful operation; and it caused, by reason of the large size of the polypus, laceration of the perineum, which extended so far into the rectum as to divide the greater portion of the sphincter muscle, causing some bleeding to follow. After a few moments of repose, I examined, per vaginam, the seat of attachment of the polypus, and found that it was on the left side of the os uteri, just within the verge, and the root of the foot-stalk remaining was about one inch in length and some eight or ten lines in diameter. The night after the removal of the polypus from the vagina, the woman was again very gently purged with the same kind of pill as first used with her; and after the medicine acted freely, procuring a copious, consistent evacuation, the lady fell into a sound sleep that lasted nearly all night. Next morning she was much better. Little discharge from the vagina had taken place; and with the exception of the uneasiness in the seat of the laceration, and a very slight pain through the hypogastrium, referred chiefly to the uterus, the case was in all respects favorable. After this time the patient was confined chiefly on her sides to favor reunion of the laceration as far as possible, and a moderately nutritious diet allowed. From this time the case progressed, as favorably as could be expected, for a week. At this time a troublesome diarrhoea came on that greatly incommoded and decidedly weakened the lady; it harassed her continually, almost day and night, and was distinguished by very thin discharges, seeming to consist of undigested food and sero-mucus. I first attempted its correction with narcotics, but these rather aggravated it. I next had recourse to the syrup of the unripe fruit of the *diarpyras virginianæ*, which I had seldom known to fail in diarrhoea; but in this case it only palliated very partially, and was laid aside after being used two days. Thinking the diarrhoea was probably induced by erythema of the mucous lining of the intestine, I determined to make trial of pounded ice, and a powder composed of nearly equal parts of gum arabic, tragacanth and loaf sugar. Of this a teaspoonful was taken once in three and four hours, day and night, mixed in a wine glass of water, pounded ice, or swallowed with the saliva. The remedy acted like magic in arresting the diarrhoea, and soon placed the bowels in a very comfortable state. After this time, little difficulty was experienced from the order of the bowels, if the powder was regularly taken. Mild, nourishing food was liberally used, carefully guarding against condiments of every kind. Milk and mush seemed to agree best for a week. After this time, light

fresh meats were allowed in moderate quantities, and served up without much salt. Everything stimulating or irritating to the bowels was inhibited. In three weeks there was very great improvement in the strength and general health of the lady. She maintained the position on the sides with great care as long as was necessary, or until the ununited portion of the laceration cicatrized. After this time, daily vaginal ablution was employed, as it could not then disturb the reunion of the laceration. Upon examination at this time, it was discovered that very little if any of the lacerated cleft had healed. After a delay of one month, to allow the wounded part of the perineum and rectum to recover from all inflammatory tenderness, the operation was performed for closing the fissure. It consisted of denuding the cicatrized borders of the fissure eight lines exterior to the margin, and carefully approximating the raw surfaces with leaden sutures, which secured them in contact by the free ends being twisted together. Three sutures of this kind were required to close the fissure; and after twisting the wires so as to fix the parts securely in contact, the superfluous portion was carefully cut off a few lines from the noose. The lady was now confined on the sides for eight days. On the second day from the operation the wires were tightened by twisting the free ends one or two turns. Notwithstanding the bowels acted daily, when the wires were cut and drawn out on the 9th day, perfect and firm union was found to have taken place, and the parts involved in the laceration restored in all respects to their natural condition—after which the lady left me.

Six weeks previous to the drawing up of this case I received a letter from the husband of the lady, informing me of her recovery and restoration to a very comfortable state of health.

The case here reported was an extremely interesting one in several respects. There is good reason to believe the polypus existed before marriage, and of course before the first conception took place. That it also existed before the second conception, can hardly be doubted; and if it did, its size must have been considerable; yet strange to remark, it did not induce abortion. The menorrhagial character of the catamenial flows, I take it for granted, was due to the presence and irritation of the polypus.

The diagnosis, too, being shrouded in much difficulty, was a circumstance well calculated to give importance to the case, inasmuch as it was impossible to reach the os uteri with the finger, by reason of the vagina being completely filled by the polypus growth. I attempted to pass only one finger to the root of the tumor, but could not accomplish it after many

trials. The laceration of the perineum was also a most interesting attendant of the case, going to shew, as well as the great difficulty in dislodging the polypus from the vagina, that it must have been of considerable size. I attempted to mutilate and dissect it away, but this I found to be too hazardous an operation, by reason of the great danger of wounding the vagina, bladder and rectum. The tumor weighed a fraction less than eight pounds, and was exceedingly firm and unyielding. It was of an olive color, and nearly an exact oval in shape. The operation employed for the relief of the laceration is the same that was described in my published cases of this accident; and this is the tenth successful operation I have performed for this disgusting accident. The complete arrest of the menorrhagic condition of the menstrual flux, by the removal of the polypus, furnishes a good commentary on the effects of irritation in, or in near proximity with, the uterus, with respect to the catamenial flow.

Prince Edward C. H., Va.

November 17th, 1851.

A Case of Prolapsus Uteri—With Remarks.

BY JOHN HERBERT CLAIBORNE, M. D.

March 21st, 1851. I was summoned this morning to see Mary —, a colored woman, with prolapsus of the womb, of six months standing. Had never been treated for it before. She is a small, spare woman, of nervous temperament and cachectic appearance, about 35 years of age, is married, has had two children, though none in the last fifteen years. Says that her general health is tolerably good—courses free and regulating—saw them last week.

On examination, per vaginam, I discovered a very bad case of prolapsus, the mouth of the womb being felt not an inch within the labia majora. I carried the organ up to its proper position, however, without the slightest difficulty, and with immediate relief to the dragging sensations which she was experiencing in the pelvic region. The lips of the uterus have their natural feel; but the whole canal of the vagina was intruded on and materially obstructed by irregular, abnormal growths, as if of hypertrophied mucous membrane of various sizes, uneven and callous, and developed in special abundance about the neck of the bladder. There was great heat and dryness of the parts, and apparent absence of all healthy secretion. Left her, with directions to remain quiet and in the recumbent posture until I saw her again.

5 o'clock P. M. Again saw her, and introduced speculum vaginae. The lips of the uterus present a natural appearance. There is escaping from between them, however, a creamish kind of discharge, which also appears in the creases between the aforementioned excrescences. The woman states that this has existed for some months, and that when it escapes from the vagina it gives rise to smarting and excoriations. The growths upon the walls of the vagina present an irregular, uneven, palish red appearance, which, with the almost cartilaginous hardness and the peculiar discharge, suggests the idea of cancer with cauliflower excrescences. Pressure upon these gives no especial pain, but the irregular constrictions of the vagina under the instrument are very annoying to the patient, and she insists on its being withdrawn. After withdrawing it she arose, and sitting over a vessel, with but little effort forced the womb partially from between the lips of the os externum. One or two ulcers, foul and inflamed, were now seen in the vicinity of the os uteri, but not involving it. Replaced the womb, and ordered thrice daily ablutions with tepid soap and water, to be followed by injections of a weak solution of argenti nitrat. The recumbent posture to be maintained as much as possible for several days—diet to be light, but nutritious, and the bowels to be kept in a soluble state by laxatives.

On the following day my friend Dr. J. F. Peebles was kind enough to visit this case with me; and notwithstanding the absence of the severe lancinating pain which usually accompanies cancer, the callousness of the abnormal growths in the vagina—especially those about the neck of the bladder and the peculiar appearance of the discharge from between them—still led us seriously to fear a case of scirrhus. We advised, however, a continuation of the same general treatment, as also of the daily tepid ablutions, but substituted for the caustic wash a decoction of the red oak bark, with a weak solution of alum.

April 1st. The ulcers have healed with the exception of one, which presents a very healthy appearance. The creamish discharge has ceased, and the abnormal growths have lost much of their cartilaginous character. Continued treatment.

April 15th. Her courses appeared in their natural time and fullness. Made an examination, the results of which I will record before closing.

April 27th. The ulcers have healed. The abnormal developments have in a great degree disappeared. Some still exist in the neighborhood of the collis vesical, but have lost their callousness, and are almost as soft and velvety as healthy mucous membrane. Inserted a glass pessary, and permitted her to resume her usual duties.

June. I again examined her—found the abnormal growths entirely disappeared from the vagina—the natural secretion restored and all the parts healthy. Furnished her with a smaller pessary and dismissed her. She is well now.

REMARKS. The chief points of interest in this case are :

1st. The peculiar growths upon the mucous membrane of the vagina, produced no doubt by the irritating friction of the prolapsed womb, which simulated so closely scirrhus, and yet which disappeared so happily under the simplest treatment. The physician's heart sinks within him, when he has diagnosed a case and believes it to be cancer of the womb or bladder ; and when communicating to the patient the hopelessness of her condition, he feels compelled either to relinquish her to her sufferings without an effort to save, or by stupelying her with narcotics to ease her to the grave. If this report shall give encouragement to any physician to persevere in his treatment, or hope or comfort to the afflicted of our race, one object of its publication will have been accomplished.

2d. The occasion afforded of observing, with the eye, some of the most obvious phenomena of menstruation. On visiting my patient on the 15th April, I found her, as I have stated, with her courses on her—and insisted, for science sake—and without any great violation of the principles of good treatment—on her forcing down her womb and permitting me to examine it. After a considerable hesitation she yielded, and I observed :

1st. The source of the menstrual flow. It welled out slowly from between the lips of the os uteri, and standing, after the course of a few minutes, in minute drops upon their surface. The womb, the mucous membrane which was pushed before in its descent and the lining membrane of the vagina presented the appearance hyperæmia ; but no blood escaped or exuded from any portion of them.

2d—The appearance of the flow. It resembled very much the blood which exudes from divided capillaries in any superficial wound upon the body—perhaps was scarcely as florid. Its consistence seemed to be but little different from that of healthy blood.

3d—Its properties. By adjusting a vial to the mouth of the womb, and returning the organ to its proper situation, I succeeded in obtaining a little of the flow, tolerably pure. From a slipping of the apparatus, however, there was probably some slight admixture of vaginal mucus. I could not obtain enough for chemical analysis, which I very much regret, as I do not know that any analysis, except of the crude menstrual discharge, has ever been made. After standing for a

few hours, that which I obtained presented an evident division into two parts—clot, and a reddish fluid resembling serum. Its smell was that of freshly drawn blood; its reaction with litmus shewed it very slightly acid. This may probably be accounted for by the pressure of vaginal mucous, which is always acid when healthy. A portion of it placed upon the glass of a small microscope shewed an abundance of blood corpuscles, arranged in piles like dollars, or scattered about separately. There were seen also some epithelial scales and a few mucous globules.

That the uterus was the source of the menstrual flow has been pretty well determined since the observations of Morgagni and Wm. Hunter upon cases of procidentia. Its properties have been a matter of dispute and contention since the writings of Aristotle. In the days of Pliny, of some of the old Arabian writers, and during the middle ages, monstrous notions of its “pernicious and obnoxious exhalations” prevailed. And I do not know indeed that the light of the 19th century has entirely dissipated from some minds these clouds of error. Since the theory of Haller, Borden or Sanders—whichever can sustain the claim to its first propagation—the scientific world has only been divided upon the question, whether it is a secretion or a hæmorrhage. Observations, similar to those we have made upon the reported case, seem to us to be well adapted to throw some light upon the subject. I believe I do no injustice to the advocates of the secretion doctrine to state that they base their theory upon the dissimilarity which exists between the menstrual flow and true blood. And they make the two fluids to differ chiefly: 1st, in odor; 2d, in color; 3d, in consistence; 4th, in chemical reaction with litmus; and 6th, in incapacity of coagulation dependent on a want of fibrine in the one. Now, those who will take the pains to collect some of the menstrual fluid as it escapes from the os uteri, immingled with the vaginal secretion, will be convinced, I am persuaded, that its sensible properties differ but little from those of ordinary blood. As to its containing no fibrine, Dennis detected even in the crude menstrua one-sixth of the amount of fibrine belonging to healthy blood; and although Vogel, Rindskopf and Simon were unable to discover any at all, yet the latter chemist admits that “there can be little doubt that there is fibrine in the menstrual flow; but that its determination is usually rendered impossible by the large amount of mucus present, which seems to deprive the blood of its power of coagulating. Mr. Whitehead, in his invaluable treatise upon sterility and abortion, which I did not have the happiness to meet with until a few days since, determines,

after an experiment, almost amounting to a demonstration, that the menstrual blood escapes "by simple exudation from the arterial capillaries in communication with the valvular orifices naturally existing upon the inner surface of the uterus." He also determines, by direct experiment, that the menstrea, when obtained free from admixture with vaginal mucous, always give the *alkaline reaction* of true blood, and invariably separate, after standing, distinctly into clot and serum. He finally concludes, after a number and variety of experiments, which I imagine no other man has undertaken, that "true menstrual blood is extremely like that circulating through the capillaries, in most if not all of its leading properties—probably in all."

Now, if it can be proven by experiment that the properties of menstrual fluid and healthy blood are essentially the same, will not the question, whether menstruation be a process of secretion, be finally determined? And if the menstrual fluid have been proved to exude from the capillary vessels, through openings upon the inner surface of the uterus, can it with correctness be called a secretion, which, we are told in physiology, is always accomplished by the agency of cell development?

I have proposed these questions, without professing to be prepared to enter into a scientific discussion of them, but with the hope that some abler pen may be thus induced to investigate, and some more competent mind to examine, the mooted points which are involved in their answer; and an accurate knowledge of which would probably throw some surer light upon the pathology and treatment of amenorrhœa and menorrhagia.

Petersburg, Dec. 5th, 1851.

A Case of Asthma successfully treated with Nitric Acid.

BLUE SULPHUR SPRINGS,
Greenbrier Co., Va., Nov. 20th, 1851.

To the Editor of the Stethoscope.

DEAR SIR—In perusing the January No. of The Stethoscope, I noticed that "T. S. Hopkins, M. D., of Bethel, Glynn county, Georgia," had reported several "cases of asthma successfully treated by nitric acid." I determined, if I should meet with a case, to give the remedy a trial; and it so happened that in a day or two after perusing the account of the

cases published by Dr. Hopkins, I was called to see a little girl—Mary S., aged between 11 and 12 years—whom I found suffering from a severe attack of asthma.

Upon enquiring into the history of my little patient, (she was considerably smaller than children usually are at her age,) I learned that she had been subject to asthma—or “phthisic,” as her friends termed it—from the time she was six or eight months old, and had taken various remedies, from none of which she had ever derived any permanent benefit. She had at times been relieved temporarily, but the disease would soon return, and that, too, in at least an *unmitigated*, if not in an exasperated form. Her appearance—she was pale, emaciated and almost void of appetite—confirmed the statement of her parents that she was “hardly ever clear of phthisic;” and she was especially liable to it, they informed me, upon the slightest exposure to damp weather, or whenever she would exert herself “a little too much,” as in fast walking, &c. “Sweeping the floor” was almost certain—as we might very readily suppose would be the case—to bring on an attack of asthma.

I prescribed nitric acid, and directed the parents of the little girl to begin with 5 or 6 drops, to be given 3 times a day in a wineglassful of sweetened water, and to gradually increase the dose to 10 or 12 drops if necessary. She began to improve very soon and very perceptibly, and in the course of a few weeks (I forget the exact length of time) I had the heart-felt pleasure (such as none but we poor DOCTORS *can* feel) of learning that my patient was relieved of her troublesome and distressing affliction, and that the glow of health was beginning to be depicted upon her cheeks, whilst she was daily and rapidly increasing in cheerfulness and vigor.

I would have reported the case sooner, but I have purposely waited in order to see whether the cure was likely to be permanent or not. Inasmuch as she was, to quote the words of her parents, “hardly ever clear of phthisic” from the time she was less than 12 months old, up to the date of my first visit—which was, I believe, the 2d Feb. 1851—and as she has not had an attack of *asthma* since, (although she has sometimes, when laboring under a bad cold, “wheezed a little,”) I think it fair to ascribe her improved condition, which is now of more than *nine months* standing, to the effects of the remedy in question; and hence it is that I now send you a report of this case, (of which I have given a very prolix detail,) which you are at liberty to publish if you deem it worthy of a place in your excellent journal.

I am, respectfully, yours, &c.,

THOMAS PATTON, M. D.

Medical Society of Virginia—December Meeting.

Dr. JAMES BEALE, *First Vice-President, in the Chair.*

(Present—Twenty-five Members.)

After the minutes were read, the following gentlemen were elected members of the society :

Dr. JOHN A. CHILTON, of Fauquier.
Dr. PETER S. GRIGG, of Farmville,
Dr. WM. T. TAYLOR, of Henrico,
Dr. JETHRO M. HURT, of Nottoway,
Dr. WM. E. ANDERSON, of Richmond City.

Several gentlemen were nominated for membership, and their nominations laid over as usual.

The subject of the evening being called up, Dr. JOHN P. LITTLE read the following paper on

Puerperal Convulsions.

As this disease is one of the most terrible in appearance and dangerous in reality that invades the parturient female, as it is one that primiparæ are especially liable to, as it is one in which, according to some authors, one-half of those seized with it, and one-fourth according to others, die in the attack, and as it demands the most prompt and decided treatment, it is worthy of our careful attention. Moreover, as there are several theories promulgated in regard to its origin, and as these theories if believed in and acted on, indicate different plans of treatment, it is the more necessary that we examine carefully the true character of the disease, and that, guided by correct indications, we arrive at just opinions, and propose a sound plan of treatment for the existing disease and a judicious prophylaxis.

Let us first notice the varieties of this disease, the mode of attack, and the appearance of it or its symptoms. It has been divided into hysterical and epileptiform eclampsia, or convulsions with and without coma. I am not willing to dignify with the name of a disease, certainly not with the name of puerperal convulsions, that dread sound of horror, an hysterical fit occurring during the pains of labor. That is an affection in which the patient loses no consciousness, which is removed by the exhibition of antispasmodics or by a dash of cold water, and from whose presence the patient receives no injury except possibly a slight retardation of the labor. Tetanus or

catalepsy may also occur during or after labor; I would class them with hysteria, not in point of danger, but as belonging to similar causes; they may all, I think, be traced to a greater or less degree of irritation of the spinal system of nerves. I consider none of them as belonging to the disease under consideration.

We find puerperal convulsions most commonly occurring in strong young women pregnant with their first child; in these, from their very robustness, and from the muscular tissues of the abdomen being unaccustomed to yield, and also from the ignorance and alarm of the patient, the labor is generally difficult. Those who have been liable to epilepsy or to hysteria, who are easily affected by the emotions, or who have suffered from any disease of the brain or the nervous system, are more liable than others to this disease. The causes that produce abortion, terror, anxiety, bodily injury, mental depression, the use of stimulants, &c., are also causes of this affection. Unmarried women, who are compelled to retire with their shame from society, who brood over their wrongs and suffer the agonies of remorse, are especially those whom this disease invades. Although there is often no premonitory symptom, yet commonly the attack is preceded by signs of cerebral disturbance, headach, giddiness, &c. There is sometimes stiffness of the muscles of the neck, and some affection of the larynx, as shown by the voice, and this muscular stiffness impairs the circulation of the head.

The symptoms of the disease are very much those of an attack of epilepsy. The woman becomes perfectly unconscious of everything around her, the eyes are turned up and roll rapidly about, the muscles of the eyes and the mouth twitch, the countenance is distorted and darkened; every muscle of the body is soon violently convulsed, and the patient is jerked and rolled about with violence; the tongue often protruded, is lacerated by the teeth, and foam flies from the lips in the hurried, gasping respiration; the action of the heart is impeded as in epilepsy, and as the attack subsides both respiration and pulse become slow. After the convulsion has lasted a longer or a shorter time it leaves the woman in deep stupor, and the exhausted patient lies still, breathing stertorously.

Consciousness does not return until another and another fit comes on, similar to the first, and leaving the patient in the same condition. The woman may become more comatose after every fit and die apoplectic, or she may suddenly die in a convulsion; or after many fits, by judicious treatment or by the expulsion of the child, she may gradually recover consciousness and be restored to health. The contractions of the uterus sometimes come on and expel the child during the

comatose condition of the mother; generally, however, they are diminished and made irregular. The stimulus of the child's presence and efforts to contract seem to pass into convulsions, and sometimes alternate with them. Convulsions not only complicate labor, they generally interrupt it, and we are compelled to look to other measures than the efforts of nature to produce parturition.

In almost all cases of convulsions the child is born dead. Either the presence of a dead foetus has caused the attack, or more probably the disease has destroyed the foetus. In regard to the frequency of this disease we have no accurate data; it prevails among all classes and in all seasons. In 12,500 cases of labor occurring in Parisian hospitals the disease appeared only 10 times—one in 1,250. In Dublin, out of 1,600 cases 30 women had puerperal convulsions—one in 53. Dr. Lee of London, who has a most extensive practice, has met with this disease 54 times; these cases were chiefly seen in consultation. The affection is a rare one. It especially attacks primiparæ. Of 182 cases where this was noticed, 138 were cases of first labor, and in general, where the disease appears in later pregnancies, it is in those who have been in convulsions during their first labor.

This disease is considered by many authors fatal in one-half of the cases that occur; by others more properly it is fixed at one-fourth. Dr. Lee reports 19 deaths out of 54 cases; several of these, however, died from uterine inflammations after recovery from the convulsions. Dr. Meigs places the mortality at 15 per cent. The disease is more apt to be fatal if convulsions come on early in the labor; convulsions occurring for the first time after the labor is completed are not so dangerous to the patient, and the reason is that she has been delivered. Of 276 cases of this disease that I have been able to collect, 81 died and 195 recovered. Of 22 cases where convulsions came on after delivery, 6 died and 16 recovered. My own opinion is that an average of one-third of the cases die, either from the disease itself or its consequences. As to the mode of death, it varies in different cases; patients sometimes die suddenly in a convulsion, the function of the heart being impeded and destroyed by the cerebro-spinal disturbance and by the impaired respiration; it is death by asthenia.

Again, if there have been previous disease of the brain, effusion or rupture of a vessel may take place and death ensue, or from general congestion of brain coma may supervene and death result more slowly. Injury to the lungs from derangement of the circulation and respiration, or to some other organ

of the body, may arise; the nervous system may receive a shock, or the uterus itself may have the cause of much mischief laid up in it, and the patient die from 'uterine affections or become maniacal. These are the modes of dying, and the *post mortem* appearances will be found to correspond with them. The most common death is by coma; the functions of the circulation and respiration are interrupted and slowly destroyed; this impairment of function arising from congestion of the cerebro-spinal centres, and this congestion generally leaving no more trace in the brain than is left there when death is produced slowly by the inhalation of noxious gases or by long continued anæsthesia. We have during every attack an interruption to the function of lungs and heart, depending on an impaired innervation; the sensor and motor nerves, the hemispheres, and the cerebellum become exhausted by the repeated shocks and by the continued coma, until finally the medulla oblongata is also affected, and consequently the function of respiration over which it presides is destroyed. In consequence we generally find no lesion at all in this death by interruption of function; the congestion itself disappearing as life ceases or soon after its cessation. Sometimes effusion is found in the brain, or great congestion of its vessels; the heart may be remarkably placid, or the uterus in a state of inflammation. No one peculiar appearance should be expected, as none such is found to exist in all cases.

The causes of this affection are many and various. There is no one distinct and definite cause, the presence of which always brings on the disease and in the absence of which it does not occur. The puerperal state itself, by producing so much disturbance of system and so much mental agitation—the plethoric state of the vascular system that naturally belongs to pregnancy—the irritation of the womb and vagina from the presence and passage of the child—the stimulus to the spinal system of nerves calling into action that reflex motive influence of which labor is one of the phenomena—sympathetic action of those organs presided over by the ganglionic nerves, as the heart, the stomach, &c.—irritation of bladder, rectum, mammæ and skin—pressure of the gravid uterus on the aorta and vena cava ascendens—pressure also of foetal head upon the sacral nerves, and the closure of the glottis during the violent expulsive efforts—these are each and all considered causes of puerperal convulsions. Yet they all may and do occur without any such result being produced.

The best writers on midwifery consider the brain as the seat of the disease. Tyler Smith, a late and able writer, makes the spinal system of nerves the seat of this affection,

and allows the brain but a secondary place. In fact, in enumerating the causes of the disease he does not class cerebral congestion among them, but speaks of a possible effusion of serum within the cranium acting along with spinal congestion as one of the causes. My opinion is that the predisposing cause of this disease consists in that hyperæmic condition of system which belongs to pregnancy. That this condition exists is admitted by all writers. During the earlier months this abundant blood is used in building up the child; at the later periods of pregnancy there is a greater abundance than at any former period, because the frame of the foetus is completed, the mother's system has acquired a habit of making much blood, the excretions that take place in vomiting, &c., have ceased, and costiveness has generally been induced. This fullness of blood is necessary to furnish material for the child, the enlarged substance of the womb, and also to supply the woman with strength to go through her labor. "The blood is the fluid body, and the body is the fixed and rigid blood." It is so much liquid nerve and muscle, and the woman, like an athlete who has been in training, has her system filled with blood, by whose stimulus her excitable nervous tissues are made to send forth immense influence, and her naturally placid muscles to undergo great labor. This abundant blood passes off from the system in the discharges of fluids, blood, sweat, &c., during labor, and in the lochia and secretion of milk afterwards. If from pressure of the womb, from resistance of muscular tissues in first pregnancy, from emotion of mind, or disease of brain, a sluggish circulation and congested condition be allowed to occur; if, moreover, from the pressure of the gravid womb on the kidneys, their function of eliminating urea from the blood be interrupted, and albumenurea ensue, we have toxæmia. Blood charged with urea produces convulsions in animals. If then we have this fullness of system, this tendency to congestions, and this poisoned condition of blood, any exciting cause—the pangs of labor, the alarm at its commencement, any emotion and almost any cause—may produce a convulsion. This is especially observed when the patient is not covered with those floods of perspiration with which the parturient female is commonly enveloped; by this sweating, urea is passed off from the system and the vascular fullness is relieved. The contractions of the womb force from its tissues blood into the circulation, the muscular contractions have the same effect; the pressure of the womb and the abdominal contractions prevent free expansion of the chest and interfere with the action of the heart and lungs, and these in their turn interfere with the circulation

of the brain. All the nervous centres are excited by an abundance of blood being forced into them with violence, and this blood, too, being in a somewhat poisoned condition. That the brain is chiefly affected, I think can be proved by the circumstances of the attack. We have, first, the loss of consciousness, the distorted eye, and the twitching of the muscles of the face, and then the general convulsion of the whole body. When the convulsive action ceases we find the patient comatose. Now coma is an affection of the head. If we make pressure upon the brain, the skull being removed, we have unconsciousness, convulsion and coma; and if, by congestion of blood within the cranium, we have pressure by this disordered cerebral mass upon itself, upon the corpora quadrigemina and medulla oblongata, added to spinal irritation already existing from congestion of blood, we have also unconsciousness, convulsion and coma. Each convulsion lasts until the arterialization of the blood has been prevented by the interruption to the function of the lungs, and carbonized blood is circulating; this not being a sufficient stimulus for muscular action, the convulsive efforts cease. Coma, however, continues, and this comatose or congested condition, acting together with the uterine irritation, &c., more readily produces another convulsion, and this by increasing the congestion keeps up the coma. If the spinal system of the nerves were chiefly affected we should have, instead of these intermissions of coma and convulsion, tetanic spasms. Cases occurring after labor may be traced to congestions induced by the labor, or to cerebro-spinal irritation, or to disorder of the womb arising from retained lochia, or what is still more probable, to renal disorder; we should look to the kidneys chiefly for the cause of convulsions occurring after parturition.

The plan of treatment will be readily perceived from the foregoing views of the disease. It is to bleed freely from a large orifice without regard to quantity; if one orifice were not sufficient I would open another, bleeding according to effect alone. My object being to relieve the brain of the tremendous pressure upon it, to prevent injury of its substance or rupture of some of its vessels, and the evidence of this relief being the restoration to consciousness, I should bleed until I saw such evidence; and I should repeat the bleeding if the same condition of things returned. Other good effects result also from this free venesection; spinal irritation is allayed, congestion in the lungs and other organs relieved, and the rigidity of the uterus and of the muscular system generally is removed. I would also apply cold water to the head; and if coma had come on, I would take blood from the nape of the neck or from

the temple, by cups or leeches. I would clear out the *primæ viæ* by active purgatives and by enemata; as it is difficult to make such patients swallow, calomel and croton oil placed far back upon the tongue form the best purgatives and should be used freely. I would also encourage the action of the skin and of the kidneys. This abundant bleeding has been condemned by some as unnecessary; any one, however, who has seen cases of this formidable disease, will see the necessity of very large and even frequent venesection. I believe the disease can be destroyed and the patient's life saved by its timely use, and that where good effects have not followed the use of the lancet, it has been from its inefficient employment or from too long delay.

The warm bath should be used wherever it can be obtained, or the lower part of the patient's body wrapped in a blanket dipped in hot water and wrung out. This will tend to promote perspiration and to relax spasm.

Fomentations applied to the abdomen have certainly a good effect in relieving uneasiness and promoting secretion from that part of the body. Enemata of warm water frequently thrown up, act in a similar manner. They serve as a vehicle for administering purgatives and diuretics, and when the bowels have been freely evacuated assafoetida and other antispasmodics, if thought necessary, may be thus administered.

If after free depletion the convulsions continue, I would endeavor to deliver as speedily as possible consistent with the safety of the mother. I would not hesitate to deliver the mother at the expense of the child. There is no comparison between the value of the two lives; the child is generally dead, and by our delaying delivery we sacrifice the mother without saving the child. It is the delay in this respect, as it is in the use of venesection, that has brought some discredit on both. I would bleed early; if the convulsions continue, I would deliver early. These are the two main points in the treatment of this disease. Nevertheless, delivery should not be forced until the mouth of the womb is relaxed and open; but as soon as it is—and all means should be used to cause this relaxation—delivery should be accomplished. If, by turning, the patient can be relieved of the foetus, turn and deliver; yet the presence of the physician's hand, and necessary effort at contraction of the womb are themselves causes of convulsions. If the forceps can be applied, apply them; but if the head be large, or if it be impacted, and the labor is making little progress while the efforts of the womb are vigorous, pressure is made on the sacral nerves, and the convulsions continue, then open the head, remove the brain and deliver.

The position of the woman should be often changed to prevent undue pressure upon the great vessels or upon the kidneys; and during the progress of the case the dash of cold water in the face, as recommended by Denman, will be found advantageous in some cases. It will serve to prevent the spasmodic closure of the glottis that accompanies the severe pains of labor, and by interfering with the respiration and circulation increases the tendency to convulsions.

If coma remain after this free general and local depletion and after delivery is accomplished, I would produce counter-irritation on the nape of the neck and on the whole scalp by blisters. In one case in which I had used venesection largely, had cupped freely the nape, in which, the convulsions continuing, I had delivered the patient by performing the operation of craniotomy, and in which even after the delivery the convulsions and coma remained, I had the scalp blistered, the blisters clipped, and a warm poultice, (its surface covered with sp. turpentine,) applied over the whole head. It was not until suppuration was established over the scalp under this severe application that she became conscious. The application was removed and she again exhibited a tendency to stupor, it was reapplied, the discharge kept up, and she recovered rapidly.

Opium has been strongly recommended, after sufficient bloodletting and after delivery, by Dr. Meigs, and with more caution by Dr. Lee; the mass of the authorities are against its use, and I should fear to administer it. Chloroform has been recommended as having more claims to confidence. I should not use it previous to delivery, or, if at all, use it by injection with warm water to allay uterine or vaginal irritation. These sometimes cause and always assist in causing convulsions; opium, perhaps, and chloroform, would be of service in such cases. I should have far more confidence in camphor; this substance seems to exert a sedative influence upon the genito-urinary system; I would use it freely by injection after depletion, and combine with it another powerful antispasmodic, assafoetida. Dr. Meigs and other writers have great confidence in a combination of tartar emetic and opium when convulsions continue after delivery. Ergot has been recommended where the expulsive efforts have ceased. If the mouth of the womb is not sufficiently open and the soft parts relaxed it is both useless and dangerous; if they are, I would, if the woman were in convulsion and coma, use artificial delivery in place of it. The powerful and unmanageable stimulus to the womb excited by it might increase the tendency to convulsions. If, however, the woman were somewhat conscious, if

the convulsions had yielded to depletion, and if there were sufficient relaxation of the soft parts, I would venture on its use. Even then I would administer it by injection, and in a dose not larger than that usually prescribed by the mouth; repeating it if necessary, and washing it out of the rectum if it appeared likely to produce ill effects. It is of more service in removing the placenta; the womb often becomes flaccid and refuses to act after the child has been delivered, appearing to have been exhausted by its own efforts and by the general disturbance of the system. After a patient has been delivered and the danger from this state of convulsion, coma, has ceased, special care must be taken that she does not die of some uterine affection. The high exaltation of the uterine nerves, the interruption to the labor, the injury that may result from artificial delivery, and the injury that must result from a woman's throwing herself about in convulsions by striking the protuberant abdomen, added to the general disturbance of the nervous and vascular systems together, render women peculiarly liable to disease of the uterus and its appendages after this state of convulsions and coma has been removed. A judicious prophylaxis will consist in the use of those means that prevent congestion: keeping the bowels open during the pregnancy, the exhibition of diuretics as they are needed, well regulated exercise, diet and sleep, and the use of general or local blood-letting if there be headache and giddiness or any other sign of cerebral disturbance; and at the same time by quieting alarms, removing causes of excitement and grief, and administering antispasmodics, we endeavor to prevent or remove that condition of mind which so largely assists in causing this disease.

My opinion, therefore, is, that the cause of puerperal convulsions consists in high cerebral excitement; that this is owing to sympathy with the state of the womb; that this condition of the womb is that state of irritation and that effort to contract with the various sympathetic irritations of other parts and organs, which belong to abortion or parturition; that the chief agent in producing this cerebral excitement is the blood; that this is either abundant in quantity or poisonous in quality, or that both hyperæmia and toxæmia exist; that this diseased blood acting upon the cerebral mass produces disturbance of it and of its functions, congestion, convulsions and coma; that this condition of convulsion (coma) can only be removed by removing its causes, and that to do this we must bleed early and largely, and then accomplish the delivery as rapidly as is consistent with the safety of the mother.

A long and very interesting discussion on the subject ensued, in which Drs. BOLTON, W. E. WILSON, C. P. JOHNSON, SNEAD, G. A. WILSON, PARKER, DEANE, HASKINS, LITTLE, BEALE and GOOCH participated. During the discussion Dr. SNEAD read the following

Report of a Case of Puerperal Convulsions.

On the morning of 7th April 1851 I received an urgent message to visit a negro woman of Mr. C. E., aged about 18 years. The messenger stated she was pregnant, and was at that time suffering excruciating pain of head, and could not see. I hastened to her, fearing labor was about to commence, and from the symptoms named by the messenger apprehended that she might go into convulsion. I was with her in five minutes from the time I received the message. I found her sitting up in bed, complaining of intense headache, and saying she was blind and could see nothing; and on questioning her she could not see either myself or the window of her room. She had no pain about the womb. The pupils were dilated to their utmost limits, the head was hot, the pulse tense, irritable, and beating little if any less than 175 strokes per minute. It was too rapid for me to count with accuracy with any degree of readiness, and I deemed every moment important. At her own request she got off the bed and seated herself in a chair; without a moment of unnecessary delay I corded her arm and opened the largest vein I could find, (her veins were very small,) from which only a moderate size stream flowed. Prompt as I had been, I was too late, as not more than four ounces of blood had flown before she was seized with a most violent convulsion, affecting all the voluntary muscles of the body. She frothed at the mouth and the breathing was stertorous. The bleeding was momentarily arrested by the finger, until she could be removed to her bed; the bleeding was resumed and continued until after the convulsion had passed off. Not more than $\frac{3}{4}$ xviii of blood could be obtained from the arm, although a second vein had been opened. The convulsion lasted about five minutes, and when it had passed off left her in a state of unconsciousness of all that was going on around her. The pulse not having been sufficiently subdued, and fearing the brain might suffer irreparable injury, a cupper was sent for, and about $\frac{3}{4}$ xxv of blood was taken from behind the ear. The cupping was continued until the most decided impression had been made on the circulation. The rate of pulse was noted during the cupping, and found to be 140 strokes in

the minute. It had been much more rapid when the cupping was commenced. At 10 o'clock I gave her the following: Sub. mur. hydr. gr. x; extr. colocyn. com. gr. x; ol tigllii gtts. ij. Had a strongly stimulating injection administered, by which the bowels were unloaded. Immediately after the v. s. the uterus was examined, and the index finger could readily enter the os and the child's head could be felt and recognized. At 10 o'clock another examination of the uterus was made; at this time there had taken place a slight increase of dilatation and thinning of the os. The second convulsion occurred a little after 10 o'clock and lasted about three minutes. After this, the convulsions recurred at about the interval of an hour and a half. Examinations of the womb from time to time disclosed a slight but gradual thinning and dilatation of the os. At 3 o'clock P. M. it could be dilated to the size of half a dollar.

At 4 o'clock she experienced a most terrific convulsion, which, when it had passed off, her appearance clearly declared, had shocked the whole economy more than any that had gone before. It was manifest if she suffered a repetition of many such she must succumb, so that I became intensely anxious to deliver if it could be accomplished. On examination now, I found the os dilated to the size of a dollar, and dilatable. Hoping now to be able to render manual assistance, I sent for my friend Dr. Deane, who in a very short time arrived. After examination he concurred that it was proper to interfere, and we decided to proceed at once to delivery. Having placed our patient in position, an ineffectual attempt was made by each of us to apply the long forceps, but could not succeed because of the high position of the head and small extent to which the mouth of the womb was dilated. I then opened the head, turned out the brain, and with the craniotomy forceps extracted the child with some little difficulty, but without any injury to the soft parts of the mother. During most of the time of the operation the woman was in convulsion. The delivery of the placenta soon followed that of the child. After delivery the convulsions ceased and she was placed in bed, soon after which she had another convulsion. At the end of an hour, six o'clock P. M., she experienced another convulsion. I now ordered an injection of ℥j of assafoetida in ℥ij of mucilage. After this she turned herself partly on her side and face, and remained in a state of comatose sleep until 9 o'clock, at which hour Dr. Deane met me. On arousing her she appeared half conscious. Her pulse at this time had fallen to 85 beats per minute and had filled up a good deal, yet there was a something abnormal

about it, to describe which I have no word. There having been no other motions from the bowels than that produced in the morning by the injection, it was thought best to administer an additional purgative medicine. A pill at hand composed of calomel grs. v, extr. colocyn. comp. gr. v, ol. tigllii gtt. i, was rubbed up with some syrup and given to her. She, however, did not swallow all of it, as she was too unconscious to know what she was doing. We had passed out of the room, and while engaged in conversation about the case we were summoned back and found her in violent convulsion. We waited for some time hoping the convulsion would pass off, but in this we were sadly disappointed. It continued with unabated force for more than half an hour. The pulse during this time was exceedingly frequent and very small. After retiring and conferring, we agreed that in view of the condition of the pulse and the large abstraction of blood in the morning, it would be unsafe to draw more blood. The propriety of shaving and blistering the head was fully considered. This was declined for the reason that there was no preternatural heat of head; and to shave and blister efficiently during the continuance of the convulsion would prove a difficult matter.

After half an hour more the pulse changed its character and became fuller and stronger, in consequence of which, on conference, we felt constrained, as the only hope, once more to draw blood. The temporal artery was divided; but not being able to get blood enough from this source, we again opened the same vein that had been cut in the morning. The pulse at this time could not have been less than 165 to 175 beats in the minute. We continued the abstraction of blood to the amount of 18 to 20 $\frac{3}{4}$, and until the pulse had become a mere thread under the finger. This put an end to the violence of the spasms, yet left her with the head incessantly rolling from side to side and incessant tossing of the arms. Having done all we could, we had to stand by and witness incessant convulsions in the form last named. At half past twelve at night Dr. Deane left for his home, and I accompanied him conversing over the case. On my return at a quarter past one A. M., 8th, I found the convulsion had passed off. She laid tolerably quiet, with a pulse beating 165. At 2 o'clock I carefully noted the pulse; it was small and irritable, beating 165, and respiration 64. The condition of the patient was alarming in the highest degree, and I felt no little difficulty in deciding on the course of treatment to be pursued. It was manifest that the case at present was one at least of extreme nervous irritability, tending most rapidly to exhaust the vital powers. I felt that something must be done or my patient must speedily

sink into the grave. In this state of things I decided to administer 35 drops of laudanum, and sat by and carefully noted its effects. At the end of an hour and a half, 3½ A. M., finding that the pulse had fallen to 150 and become fuller and gained force, and the respiration had fallen to 50, I gave 15 drops of laudanum and one-fourth grain of tartrate of antimony. At 5 A. M., pulse 140, respiration 40; repeat laudanum and antimony. 6½ A. M., pulse 130, respiration 34; repeat medicines. 8 A. M., pulse 125, respiration 31; repeat medicines. She now recognized Mrs. E. and myself, and spoke a few sentences with propriety. 9½ A. M., pulse 124, respiration 30. The pulse was, I found, gaining rather too much force, so I gave laudanum 15 drops, tart. antimony ½ grain. 11½ A. M., pulse 120, respiration 28. Has slept a little, taken a cup of tea and asked for water—medicines continued. 2½ P. M. Has had no sleep since last visit, countenance sullen and speaks slowly when spoken to. Pulse not counted, but more frequent and irritable. No motion from bowels. Ordered salts and senna tea to be taken, and repeated from time to time until the bowels should be moved. At 6 P. M. Dr. Deane again met me. She has had no sleep—her countenance is sullen, and she is indisposed to answer any questions; pulse as at last visit; bowels not moved; salts and senna tea to be continued. 10 P. M., condition about the same as at last visit. No motion from the bowels—purgative continued. At 2 A. M., 9th, I was sent for. She had not slept a moment, was exceedingly restless, incessantly moving her legs and arms—had urgent thirst, for which lemonade had been given. She had not passed water for 16 hours. On examination the bladder was found to be full. She was directed to make voluntary efforts to pass the water, but could not succeed. I then drew off the water by the catheter to the amount of 20 ounces. There was nothing unnatural in its appearance. This did not, as I had hoped, tranquilize her at all, and she continued to move her limbs almost incessantly.

She constantly called to her sister, husband, myself and any others who chanced to enter her room, saying, "Good bye, I am going," evidently thinking she was about to die. She however was evidently only partially conscious. Her pulse was very quick and irritable. There was no tenderness about the belly. She appeared to be overcome by nervous irritability and sleeplessness. Deeming it all important to procure tranquillity and sleep, as she had not slept more than half an hour in thirty hours, I gave her 35 drops of laudanum at a quarter before 3 A. M.; had administered an injection of soap suds, which returned as it was given. At 3½

A. M., not sleeping but more tranquil, I gave 25 drops tinct. opii. and drink. She continues to call for her husband and others to take leave of them, but not so frequently. At 20 minutes past 4 made an effort to have the bowels moved, but without success. Is very thirsty—gave tinct. opii. 20 drops. 5½ A. M., complains incessantly; no sleep; ordered a stimulating injection, which brought away some feculent matter; pulse less frequent, more full and softer. At half past five a free motion from bowels of thin bilious and feculent matter; gave tinct. opii. 25 drops. 6½ A. M.—She has now taken since 3, 105 drops tinct. opii. and is somewhat tranquilized, yet calls frequently for water. Thinking I had perhaps given as much opiate as was compatible with safety, I gave her a drachm each of tinct. foetida and tinct. of valerian, and at 7½ repeated the dose. At 8½, has been rather more composed and slept a little. I now gave her half drachm of pulv. valerian in a little warm water, and repeated the dose at the end of an hour. 11 A. M.—She has had a free and consistent bilious evacuation; passed water, and has fallen to sleep. 2½ P. M.—Has taken two doses of pulv. valerian, some drink and diet; has slept most of the time; pulse improved in quality and beats 117; surface perspirable. 6 P. M.—Has slept most of the time since last visit. On awaking she evacuated the bladder, took food, and appeared much refreshed; pulse softer and fuller; pulsations 114; give pulv. valerian. 10 P. M.—Condition about the same; has dozed a little since last visit; is now quiet, though awake. She complains for the first time of sore tongue, which had been much lacerated during the convulsions.

11th, 8½ A. M.—She fell asleep soon after I left her last night, and I found her asleep. Awoke her. She expressed herself as being much better; surface moist; gave pulv. valerian. 10½ P. M.—Has continued pretty comfortable most of the day, sleeping half of the time; has taken food and drink; complains much of general muscular soreness and of the wounded tongue. There has been no farther motion from the bowels; the bladder has been three times evacuated; no treatment for the night.

12th, 8½ A. M.—Has passed a comfortable night; evacuated the bladder; surface pleasant; complains of slight pain of head; ordered a dose of ol. ricini in valerian tea. 4 P. M.—Has had a free bilious evacuation; has rested well; complains of tongue, and says she is hungry. Her sensations are evidently more natural; pulse soft—pulsations 110. 10 P. M.—Has rested well; bowels have been evacuated; pulse softer and fuller; pulsations 104.

13th. I found her much distressed this morning. Notwithstanding all my precautions, some one had informed her of what had passed, and also that the paternity of the child was questioned. She had not slept during the night and was evidently much worsted. I endeavored and succeeded in greatly quieting her mind. From this time her recovery was rapid, so that before the end of her month she was going about perfectly well.

But for the great length of the notes, I should like to enter into the free consideration of the pathology of the disease, and also to consider at some length the propriety of the use of opium and chloroform in its management.

On motion of Dr. W. E. WILSON, *Gonorrhœa* was made the subject for the next meeting.

Liquor Ergotinæ.

Dr. BEALE presented a specimen of a new preparation of ergot and the following letter :

DR. BEALE—*Dear Sir*—After many trials we have succeeded in preparing a liquor ergotinæ, in which all the valuable properties of the ergot are preserved, to the exclusion of the inert and perhaps deleterious constituents of lignin, gum, starch, fatty matter, &c. Its concentration and consequent smallness of dose will, we trust, accomplish your suggestions in this regard. Whilst we believe this article will be found to possess many advantages, it has yet to stand the test of experiment. We would be highly gratified to have your experience with it, and at the same time to receive any suggestions for the improvement of the article. The mode of preparation, &c. we shall have pleasure in explaining to you at any time. The dose of the liquor ergotinæ is 15 to 20 drops ; that is, this quantity represents half a drachm of ergot.

Very respectfully, your ob't serv't,

PURCELL, LADD & CO.

Richmond, 11th Dec. 1851.

Dr. B. said that he had recently used this new preparation, and from the effects of it he felt warranted in saying that it was very far preferable to any other ergot which he had used. The name—*liquor ergotinæ*—has been given to it because it is not considered to be, properly, either a tincture or an extract. He requested that the members should give it a fair trial whenever an opportunity presented.

Some conversation ensued on the different preparations of ergot.

On motion of Dr. HASKINS, Dr. BEALE was made chairman of the committee "to make provision for the reception and entertainment of the American medical association in May next," and the committee was announced by the chair as follows: Drs. Beale, Haskins, R. H. Cabell, Mills, Tucker, Scott, Gibson, Patteson, Haxall and Gooch.

Apothecaries.

The secretary said he had been requested by the chairman of the committee to present the following REPORT: "The committee appointed by the Medical society of Virginia "to furnish copies of the '*Code of Ethics* (published in No. X, Vol. I,) *for the mutual government of apothecaries and physicians,*' to the druggists of the city, and to return the names of such as may signify their intention to abide by its provisions and of such as do not," begs leave to report, that *all* the apothecaries of the city, with the exception of Messrs. HICKSON, STRECKER and PICOT, have signed the code, as will be seen by the copy herewith returned. Signed R. W. HAXALL, *Chairman.*" The following are the names signed to the copy of the code returned by the committee:

A. Leslie, per H. Blair,	Adie & Gray.	Gaynor & Wood,
Seabrook & Reeve,	Purcell, Ladd & Co.	Payton Johnston,
S. M. Zachrisson,	R. R. Duval,	C. S. Millepaugh,
H. C. McNemara,	Alex. Duval,	A. Bodeker,
Thomas & McCarthy,	Bennett & Beers,	Lampkin & Thomas.
Wm. P. Ladd,	Dove, Isaacs & Co.	

The following resolutions were then unanimously adopted:

Resolved, That the committee be discharged from further duties, and that the code, with the signatures appended, be preserved in the archives of the society.

Resolved further, That the report of the committee, with the names appended, be published, and that the society enjoin on its members, and recommend to the profession and public generally, only to patronize such druggists as have signed the code."

Diploma of the Society.

The following form was adopted for the diploma of the society, and a number of copies were ordered to be struck off on parchment, to be furnished to all members desiring them, who are not in arrears and who pay \$1:

MEDICAL SOCIETY OF VIRGINIA,

[Incorporated by Act of Assembly, January 2, 1894.]

Know all men by these presents, That _____ *was duly elected a Fellow of the Medical Society of Virginia, and that he is entitled to all the immunities, privileges and honors guaranteed by the charter, constitution and laws of the society, irrevocable except by due action of the body, as specified and provided for by the said constitution and laws.*

In testimony of the above, the signatures of the president and recording secretary, together with the great seal of the society, are hereto affixed.

Done at the hall of the society, at Richmond, on the day of _____ in the year of our Lord _____, and of the society _____.

_____, *Rec. Sec.* [SEAL] _____, *Pres't.*

Notice was given of Dr. RIVES' removal from the state, and on motion, his place as chairman of the annual committee on "*The present Condition of Medicine and the Interests of the Profession in Virginia,*" was supplied by the substitution of Dr. J. F. PEBBLES of Petersburg.

A committee, consisting of Drs. LEVIN S. JOYNES, P. C. GOOCH and G. A. WILSON, was appointed to draft a law for the effectual registration of births, deaths and marriages, and to memorialize the legislature, at its ensuing session, for its passage.

Call of a Convention.

On motion of Dr. G. A. WILSON, the following resolutions were unanimously adopted:

"*Resolved, That we deem it conducive to the interests of the profession to hold a general convention of the practitioners of medicine in good standing in the state, for the purpose of effecting a thorough organization of the profession, and for advancing the interest of medical men in the commonwealth.*

"*Resolved further, That the last Tuesday in April next be fixed as the day for the assembling of the proposed convention, in the city of Richmond, at such time and place as may be hereafter determined; and that the physicians of the state be urged to attend, and the societies and other organized bodies be requested to send full delegations to this convention and also to the American medical association which will assemble here on the Tuesday ensuing.*

“*Resolved also*, That the foregoing resolutions be published authoritatively in the Stethoscope, and that the newspapers throughout the state be respectively requested to copy them.”

After the transaction of some business of a local character, the society adjourned till the third Tuesday in January.

(Signed,)

JAMES BEALE, 1st V. P.

P. C. GOOCH, *Rec. Sec.*

EDITORIAL AND MISCELLANEOUS.

Our Second Volume—The Future.

There is a custom as old as type and paper, which we will not break. It is, to say something *particular* (though always personal) to the patrons of the press. With this number we commence a new volume and the new year. To all our friends and subscribers, who are now quite numerous, we wish “a happy new year,” and a prosperous year through. We have no doubt but that they all return heartily our greeting, for very many of them have already renewed their subscriptions and given us the best earnest of their kind feeling by introducing new friends. Others, we feel sure, will follow suit so soon as the busy season is over with them.

In entering upon our present volume, we feel in duty bound to call upon our new patrons to join in with us and those who have seconded us from the first, in the cause of medical progress and reform. During the present year Virginia physicians especially have much to interest them in the politics of their profession—and as our humble journal has been so freely accepted by them as their medium of intercommunication, we we must offer it as their organ.

In the present number there is an authoritative call for a general convention of all the practitioners in the state, to take place on the eve of the national assembly here. We hope that great numbers of our brethren will make it convenient to visit this city at that time, and that a full expression of their feelings and wants in regard to the interests and elevation of the profession of medicine, will emanate from a weighty and digni-

fied, if not an authoritative organization. The legislature will most probably be in session at the time, and will heed with interest and willingness the petition of the doctors. The system of medical education, the licensing of practitioners by a competent and disinterested state board, the regulation of the sale of poisons and bad drugs, a registration act and a coroner's system, are subjects of vital importance to the public, and are to occupy the attention of the legislature at the ensuing session. These laws directly concern the doctors, and they should have much to say in their formation. In a clause of the charter of the state society, full power is given to its members "to enact all such by-laws as they may deem necessary and proper for attaining the objects of their institution, provided they are not contrary to the laws of the commonwealth and of the United States." The best legal opinion in the state has been given that the society under this clause can, whenever it chooses, make laws on the aforementioned subjects; but to exercise this power, or to make it effectual, it is necessary that the society should be permanently organized as a general body for the whole state, and embrace the great mass of respectable physicians of the state. This, it is confidently hoped and expected, will be effected in April, and the society will be made a body somewhat resembling the royal colleges of physicians and surgeons in Great Britain or the national academy of medicine in France. The convention it is hoped will sit after its first day as the Medical Society of Virginia, and hold its annual meeting for 1852. The various committees appointed at its last annual meeting will make their reports, and we have no doubt that they will make a creditable volume.

So for the ensuing year we shall be fully occupied with matters of great interest to the well being of the profession; but our pages shall not be too much devoted to medical politics. We shall continue to give preference to original articles and interesting practical reports; and as the pages of the *Stethoscope* are somewhat reduced in size, it is earnestly recommended to correspondents to be as brief and concise as possible. Short medical articles are far more universally

read, and therefore much more useful contributions, than long ones.

We again invite the secretaries of the several local societies, which we learn are just going into operation, to forward the minutes of their proceedings; and we promise that so soon as our subscription list increases sufficiently to justify the expense, we will again make this the largest monthly medical publication in the country at its price. It cannot be expected of us to sink money, after the cost of our time and labor, in the publication of the journal—for this reason we reduced the size of the page. It is now, however, large enough to contain as much matter as can be published monthly at its cost, unless our friends make an exertion to double the list of paying subscribers, which we hope will be done, and we shall strive to give satisfaction.

Private Medical Instruction.

It affords us great pleasure to learn by a circular, that Drs. J. F. Peebles, J. H. Claiborne and N. F. Rives have associated themselves for the purpose of giving private instruction to students in medicine. They are prepared with a proper library, apparatus and models, to teach the elementary branches of medicine; and students will find it vastly beneficial for them to take one or two years of this kind of instruction before going on the rapid course of graduation. These gentlemen take the bold stand, not to receive students who are not prepared by preliminary education to enter upon professional studies. Their terms are \$100 per annum, the course commencing on the 1st of February.

It is well to say that the location of this institution is at Petersburg, as the circular which we received is not dated. We earnestly hope that the efforts of these gentlemen will be crowned with the success which their talents and enterprise merit.

Disaster.

By a recent fire in Philadelphia nearly all the volumes of the Transactions of the American Medical Association, which had not been sold, were destroyed. This disaster falls severely upon the association, and will disappoint many who had expected to procure them for their libraries. The few copies extant cannot be disposed of until the committee determine the price at which they shall be sold. We are sorry, then, to be obliged to recall our offer to furnish those who desired them the copies of the volumes; and we ask that this may be taken in explanation by the several persons who have written to us for them. If they are to be obtained at any price, due notice shall be given in a future number.

Obituary.

DIED, at his residence in Richmond, at 10 o'clock P. M., on the 29th of December 1851, in the 31st year of his age, WILLIAM C. CARRINGTON, Esq. editor of the Richmond Times, and delegate elect from this city to the legislature of Virginia.

As a man and citizen, Mr. Carrington was amiable, warm hearted and spirited—as an editor, courteous and dignified—and as a politician, he was zealous, industrious and accurate. His memory needs not the praises of epitaph, for all who knew him will do it justice.

We learn by the foreign papers that PRESSNITZ, the founder of the doctrine of Hydropathy, died at Græfenburg on the 28th of November last, of general dropsy. Pressnitz, though he may have ridden his hobby into monomania, was a great man. He was a conscientious man, and died with good faith and full pluck for his doctrines—refusing as he did all other treatment than that by water. He was 52 years of age, and leaves a large fortune, accumulated incidentally by his own labors and practice. Now we are to be spattered by the *bubbles* which will rise over his sinking fame.

Notice.

The fifth annual meeting of the American Medical Association will be held at Richmond, Va. on Tuesday, May 4th, 1852.

All secretaries of societies, and of other bodies entitled to representation in this association, are requested to forward to the undersigned correct lists of their respective delegations as soon as they may be appointed.

The following is an extract from Art. II, of the constitution :

"Each local society shall have the privilege of sending to the association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half of this number. The faculty of every regularly constituted medical college or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate."

The medical press of the United States is respectfully requested to copy.

P. CAIBORNE GOOCH,
One of the Secretaries,
Bank Street, Richmond, Va.

Louisa County Medical Society.

LOUISA C. H., Nov. 10, 1851.

A majority of the medical profession of the county having convened in the office of Dr. Mercer W. Quarles, for the purpose of organizing a medical society :

On motion, Dr. WILLIAM A. GILLESPIE was appointed president, and Dr. A. C. ISBELL secretary *pro tem*.

On motion, the election by ballot of permanent officers for the society was then proceeded with and resulted as follows :

WM. A. GILLESPIE, M. D., *President.*

WM. J. PENDLETON, M. D., *1st Vice President.*

MADISON PENDLETON, M. D., *2d Vice President.*

A. C. ISBELL, M. D., *Recording Secretary.*

WM. L. BURRUSS, M. D., *Corresponding Secretary.*

JULIAN KEAN, M. D., *Treasurer.*

On motion, a committee of three was appointed by the chair to draft a constitution and by-laws for the society, composed of the following gentlemen, viz : Drs. Wm. J. Pendleton, John B. Anderson and Philip B. Pendleton.

On motion, a committee of four, viz : Drs. Wm. J. Pendleton, B. F. Buckner, Wm. L. Burruss and Julian Kean, was

appointed to draft a tariff of charges to govern the physicians of the county.

On motion, a committee of three, viz: Drs. Madison Pendleton, Wm. Beadles and J. D. Campbell, was appointed to draft a code of medical ethics.

All of said committees to report at the next meeting.

Dr. Wm. A. Gillespie was, on motion, added to the committee on medical ethics.

The society then adjourned to meet again on the second Monday (8th) in December.

MONDAY, DECEMBER 8, 1851.

The society met, according to appointment, at Louisa C. H. on 8th December, in the office of Dr. M. W. Quarles—Dr. Wm. A. Gillespie, president, in the chair, and Dr. A. C. Isbell, secretary.

It being in order, Dr. Wm. J. Pendleton, chairman of the committee on a constitution and by-laws, reported a constitution, which was unanimously adopted.

A series of by-laws was also presented by Dr. Pendleton, but their consideration was deferred till next meeting.

Dr. Wm. L. Burruss, from the committee on charges, reported a table of rates, on which action was likewise deferred till next meeting, owing to the absence of several members.

Dr. J. D. Campbell, from the committee on medical ethics, presented for the consideration of the society the code of ethics adopted by the Virginia medical society, which, with a slight modification, was adopted.

On motion,

Resolved, That in view of action on the report of the committee on charges, &c. at the next meeting, the secretary be instructed to solicit individually the attendance of each practising physician in the county.

On motion,

Resolved, That the proceedings of *this* and the *last* meeting be published in the Stethoscope.

On motion, the society then adjourned, to meet again at the same place on 2d Monday (12th) in January 1852, at 12 o'clock, M.

W. A. GILLESPIE, M. D.
President.

A. C. ISBELL, M. D., *Rec. Sec'y.*

Reviews and Bibliographical Notices.

Lectures on Scarlet Fever—By CASPAR MORRIS, M. D., late Lecturer on Practical Medicine in the Philadelphia Medical Institute, Fellow of the College of Physicians of Philadelphia, Member of the American Philosophical Society, &c. Philadelphia: Lindsay & Blackiston. 1851. 8vo. 104 pp.

These are veritable lectures which have been delivered to the class of the Philadelphia Medical institute, and won for their author some distinction. They have recently been published in the *Medical Examiner* and are now transferred into a neat little volume, which we can recommend to the public. The style is dogmatic, as lectures must be, for they are only expressions of their author's positive opinions and are intended to convey the knowledge and views of the subject on which they treat, which have been received and adopted by the teacher. The disease is considered contagious by Dr. M., and his description of it, in all its forms and complications, is masterly and complete. In the statistical history of scarlet fever which is given, the author availed himself of the aid of Dr. Emerson of Philadelphia, who has probably attained a higher distinction for such investigations than any other man in this country.

The Transactions of the American Medical Association, vol. 4, Philadelphia: Printed for the Association, by T. K. & P. G. COLLINS. 1851. 8vo. 677 pp.

This volume is very much like those which have preceded it. It has not been received long enough for us to examine cautiously the various reports and papers which it contains, but it is particularly valuable as an abstract or a synopsis of the progress and improvement of the several departments of medicine in our great country during the year. They have been criticised abroad as unworthy of the American profession and mere imitations of Ranking's or Braithwaite's *Retrospects*. If they were placed before the public at a price of one or two guineas per vol., then this complaint might be just and proper, but as it is, while the association is in its infancy and its committees have such general and worn out subjects allotted to them, we think they are well worthy of perusal at the small price at which they are issued. The future volumes will be far more valuable and of a different

character, as they will contain papers on various subjects allotted to individuals who have paid particular attention to them, and we have reason to expect masterly productions.

In future numbers we will notice more particularly the matter contained in the several reports—some of which are very ably drawn up and promulgate facts and doctrines of interest.

Report of a case of Strangulated Inguinal Hernia— Operation.

BY W. D. BARNETT, M. D., OF ARKANSAS.

Dr. HESTER: I send you a report of the following case, hoping that it may not prove uninteresting to the readers of your excellent journal. The subject was a negro boy, the property of Mr. E——, æt. 26.

HISTORY.

He has been subject to hernia since his earliest recollection, and at various times it has passed down into the scrotum, but he never found any difficulty in returning it until now. This time it was brought about by lifting at cotton bales, and as soon as he discovered it, efforts were made to reduce it, but did not succeed. In a short time the swelling became very painful and he went home, where he was examined and the tumor was pronounced to be hernia humoralis, or swelled testicle. Accordingly, he was subjected to the patent Arkansas remedy, "pepper," in the form of poultices. An old gentleman of the neighborhood by chance passing by, pronounced it, very justly, intestinal hernia, and made several ineffectual efforts to reduce it. The treatment with the red pepper poultices was diligently continued for three days, at the end of which time I saw the patient. At this time the tumor was extremely tender and of enormous size; abdomen distended and tympanitic; skin cold and clammy; pulse 125; hiccough and vomiting of a dark colored fluid. I immediately informed the owner of the dangerous situation of his boy, and made an effort, after using the warm bath, tartar emetic, &c., to reduce the hernia, but failed. I then asked the assistance of Dr. Brownlee, who, on examination of the case, agreed with me in the propriety and immediate necessity of an operation. Accordingly, I made a free incision down upon the tumor, terminating it a little below the neck. The different fasciæ were now successively laid bare, and finally the intestine came in

view, presenting a dark brownish color and emitting an offensive odor. The external ring was laid open, and the internal one examined, where an extreme contraction of the tendon of the transversalis was found, so narrow, that with difficulty a probe pointed bistoury was introduced and the stricture divided in an upward and inward direction. Considerable adhesion existed throughout the entire canal and scrotal sac. These were with difficulty broken up and the bowel returned—the intestine was not in a complete state of gangrene, and therefore I returned it as I found it. The wound being closed, calomel 5 grs. opium 1 gr. were administered at once, to be repeated every three hours until four doses were taken, when a dose of castor oil and turpentine was to be given. Cold applications to the wound, and mucilaginous drinks allowed. In six hours the patient had ceased to hiccough and vomit; pulse down to 100; skin warm. Thus I left my patient. My residence was thirty miles distant; I could not visit him any more. On the eighth day Dr. Brownlee discharged him convalescent, and his master left him without any fears of his recovery. But unfortunately at this time, in stepped “pepper and lobelia;” the *alarm* was induced, from which the poor negro never recovered.

June 3d, 1851.

OBSERVATION.—The above case is only interesting as illustrating the great strength of the vital principle under desperate circumstances. The operation for incarcerated hernia is not at all dangerous *per se*; it is the delay that jeopardizes the life of the patient.—*Ed. N. O. Med. and Sur. Jour.*

Medical Institutions of Paris.

To the Editor of the Boston Medical and Surgical Journal.

My last letter contained a brief description of the organization of Parisian hospitals. It may not be out of place to briefly describe the methods of medical instruction in France, the facilities for which are such as to attract foreigners from the various countries of the globe.

In the largest hospitals, students may be seen not only from the British Islands and America, but from the various countries of the continent of Europe, and occasionally among them one of the sable sons of Africa.

Medical instruction is given at the Faculty of Medicine, in the Place de l'Ecole de Medecine. It is composed of twenty-

six professors, who are chosen by *concours*, but all elections are subject to the approval of the Minister of Public Instruction. They receive a salary varying from 2,000 to 10,000 francs. A dean, who is the head of the faculty, is elected every five years. Orfila now occupies this place.

A student who proposes to graduate in Paris must have attained the age of 18 years, must pursue his studies four years, and at the commencement of every third month he must inscribe his name at the Bureau of the Faculty. It is also required that he have attained the diploma of Bachelor of Sciences. The examinations, which are five in number, are conducted in French. The student, upon taking out five inscriptions, is entitled to his first examination, which is in Chemistry, Botany and Natural History. After taking out twelve inscriptions, and on the completion of three years' study, he can present himself for his second examination, which is in Anatomy and Physiology. At the end of four years, sixteen inscriptions being taken, the other examinations may be passed in *internal* and *external* Pathology, Hygiene, Medical Jurisprudence, Pharmacy and *Materia Medica* and Therapeutics. The eighth and last examination, with the exception of Midwifery, is entirely practical, and is conducted at the bed-side. Two cases are selected by the examiners, at the Hotel Dieu or La Charité, in which the student is expected to give the diagnosis, prognosis and treatment. He must also write a thesis, the subject of which may be selected by himself. He must likewise have served one year in a hospital.

The schools of Paris are open to every nation equally with the citizens of France, and to every creed. The only expense attending a course of instruction and graduation is, for each inscription, about 30 francs; for some 50 francs is paid. Also, a fee of 30 francs to each professor for his examination, 60 for examination of his thesis, and 100 for his diploma. Instruction in this school is entirely gratuitous, as well as access to the library of 30,000 volumes, exclusively medical, and in the various languages, and the extensive and excellent museum of comparative anatomy, in the same building.

The school of practical anatomy (*Ecole Pratique d'Anatomie*) is supplemental to this, and is composed of 150 students, of whom 50 are annually admitted by competition, and an equal number leave the school after three years' study. At this establishment and at Clamart all the dissections in Paris are conducted. The practice elsewhere has been suppressed, on account of its supposed influence upon the public health. This prohibition is certainly more than compensated for by the

ample rooms furnished at these places, at the public expense, and kept in the most perfect order. The rooms at Clamart are one story high, surrounding a court in which trees are planted and a flower garden cultivated. The rooms are well lighted, both from the sides and above, and provided with stone floors. Abundance of water is provided at a fount in an open space between each two rooms. The expense here, including a proper supply of subjects, is from 40 to 50 francs the season. Forty francs a month is usually expected of those who transiently occupy the rooms. These rooms are open to all, except in summer, when dissections are not permitted, but practical surgery is then taught.

Instruction of every kind and grade is under the immediate control of the government through the Minister of Public Instruction. No individual, not even the teacher of a primary school, is allowed to impart instruction until he has submitted to an examination before one of the faculties or tribunals appointed to take cognizance of his capacities. The lectures in the various branches of science are gratuitous. Nothing like office instruction is practised here. The student enters his name at the Bureau of the Faculty, receives his inscriptions, and pursues his studies as he finds most advantageous from time to time. The special hospitals afford ample opportunities for the study of those diseases to which they are appropriated, and the custom of examining all bodies at those institutions, whose disease renders such examination of any interest, affords the most ample facilities for the study of pathology, internal and external.

The system of *concours* for places as instructors is of the most perfect kind in Paris; and although it is liable to some criticisms even in France, it is undoubtedly the best that could be practised here. The system is adapted to France, from the fact that it was commenced under the direct care of the government, and has passed through its various gradations under the watchful care of the highest national tribunal. No person will attempt to contend for a place before this Commission without thoroughly preparing himself for the contest, whatever be his position in society. Those who come from the humble walks of life are as well cared for at the *concours* as their otherwise more distinguished neighbors. Consequently, in perusing the lives of eminent medical men of Paris, it will be found that the majority have obtained their places from a condition of poverty. As an instance, M. Velpeau, from a peasant boy, attained the first rank among the Paris surgeons, and became the attendant and personal friend of Louis Philippe. I cannot but regret that he did not more fully honor the

position which he had attained, by a more considerate bearing towards those whose pursuits are directed by his will. As the system of *concours* now exists and is practised, all the medical men of Paris have an eye to the decisions of the board, and no member of that board would dare hazard his reputation by awarding in favor of an unworthy candidate.

The system of *concours*, after all its real value here, would be by no means adapted to Great Britain or the United States, from the fact that our institutions have received no government aid and care. The first board of examiners (or even the first generation, if a change were made,) would, if competent, be without the restraints that would exist if a large body of competent men were engaged to look after them. I have no doubt that some of the most unworthy and incompetent would find places, even in the schools and hospitals of Paris, were it not for the fact that these contests are by law held in public and the public look after them. These remarks may be seen to embrace impressions of distrust for the medical talent of our own country. This supposition would be just only to a certain extent. I should be unwilling to admit that we have not as good medical talent as exists anywhere; but that very many licensed to practise medicine in the United States are no credit to themselves or to the profession, no one will deny. On the contrary, every person who engages in practise here, is compelled to acquire much of the elements of medical science.

C. B. CHAPMAN.

Ventilating Sun Shield.

Mrs. A. C. Willard, of Quincy, Illinois, whose constructive talent is apparent from the manner it has been exercised, has exhibited in Boston a contrivance resembling a miniature fall-back calash top, which is to be worn over and around the head by out-door laborers to keep off the sun. The wearer is protected by it as though he were under an umbrella. Comfortable as it must be, we could not avoid laughing at the oddity of a backside view of a person having on the apparatus. It would be a tolerable protection, too, against a pattering rain. To what extent it may be adopted, should the price be within the means of ordinary laborers, cannot be foreseen. The inventor is sanguine in the opinion that railroad makers, miners, farmers, and in short all persons whose employments expose them unpleasantly to the intensity of the sun, will patronize

the new article. In tropical countries they would be a most comfortable thing; but those who do the open air drudgery in such places cannot purchase, often, a contrivance which must cost more than the ordinary hat. Mrs. Willard's ingenuity is manifest, and we hope she will find it has been directed in a way that will amply remunerate her. Our province is to look especially to the comfort of the sick, yet we are not indifferent to the condition of those who "need not a physician."—*Boston Med. & Surg. Journal*.

Send it along here. Our climate affords ample opportunities of testing its merits.—ED. STETH.

Medical Practitioners in the County of Philadelphia.

The following report was presented to the Pennsylvania State Medical Society at its last meeting, and is copied from Vol. I. of its Transactions. The committee⁴ were Drs. F. West, R. B. Thomas and L. Turnbull.—*Boston Med. & Surg. Journal*:

"The committee appointed in conformity with a resolution passed at the last session of the State Medical Society, 'requesting the different county societies to procure an enumeration of the regular practitioners within their limits, distinguishing between those who are graduates of medical schools and those who practise medicine but who are not graduates; and to state also the number of irregular practitioners, distinguishing among the adherents of the several false systems which prevail,' respectfully beg leave to report:

"That with a conviction of the interests and importance of the object intended to be accomplished by this action of the State Society, they have given all possible care and attention to the duty confided to them, and that they believe the results attained are, as nearly as practicable, correct and true.

"Regarding, as they do, the title '*Physician*,' as properly and solely belonging to those who practise medicine in a legitimate and regular manner, it has been adopted as the most appropriate designation for the great majority of the practitioners in this county, reserving for all others the particular names, either given to themselves or by which they are commonly known to the community. Accordingly, under this last head, they have arranged Homœopaths, Hydropaths, Thomsonians, and Herb or Indian Doctors, whilst those who conjoin the business of druggists with the practice of medicine, are classified under the separate head of '*Practitioners of medicine and Druggists*.'

“The difficulty, indeed the impossibility, of correctly determining the character of some practitioners, has rendered it necessary to arrange all such under some head expressive of this fact, and, accordingly, the term ‘*nondescript practitioners*’ has been adopted for this purpose. The name ‘*advertising doctors*’ has been given to another class.

“The whole number of practitioners, of all kinds, so far as could be ascertained, is 582, or, with allowance for omissions, say about 600. Of these, 397 are *physicians* (regular practitioners;) 42 *homœopathists*; 30 *Thomsonians*; 2 *hydropathists*; 32 ‘*advertising doctors*’; 37 *druggists and physicians*; and 42 ‘*nondescripts*’ or *unascertained*—in all, 582.”

Fellowship of the Royal College of Surgeons.

The following were the questions submitted on the 4th ult. on anatomy and physiology :

1. Describe the knee-joint, its articular surfaces and their form, the ligaments connecting the bones, the muscular attachments serving the purpose of ligaments to this joint, other muscles or their tendons passing over the joint.

2. Describe the parts seen on opening the abdomen, and their relative position. Describe the formation, extent, and attachments of the great and little omentum, the peculiar characters of the small and large intestines, and the special circumstances distinguishing the duodenum.

3. Describe the membranes which invest the brain, the peculiarities of their structure and function. The remarkable circumstances distinguishing the arterial and venous apparatus of the brain from those of the other parts of the body.

4. Describe the boundaries of the perinæum, the parts contained within it, and their relations to each other.

5. Describe the parts exposed in dissecting the bend of the elbow, and their relative position.

6. Describe the circulation of the blood through the heart and lungs, with the action of the valves. Also the changes effected on the blood in its passage through the lungs, and in the general circulation.

The following on surgery and pathology were submitted on the 6th instant :

1. State the primary and secondary consequences of a wound into a joint, if adhesion of the divided parts do not speedily take place. Describe the treatment of such wound, and of its consequences.

2. Describe the symptoms and causes of a strangulated

hernia. The treatment to be employed for its reduction. If an operation be required, what is its object, and what the circumstances which determine the return or not of the contents of the sac into the abdomen.

3. Describe the symptoms distinguishing concussion and compression of the brain. The kinds of compression, and the period at which the symptoms appear. State the treatment of concussion and its effects, and generally that of the several kinds of compression.

4. Describe the causes and treatment of retention of urine from stricture. Also the causes, consequence, and treatment of extravasation of urine.

5. Describe the primary treatment of a wound made into the brachial artery in the operation of phlebotomy. State what happens to the artery if improperly treated on the occurrence of the accident, and what is then to be done under such circumstances.

6. Describe the consequences and treatment of a penetrating wound of the lungs.—*Dub. Med. Press.*

On a Case of Hysterical Paralysis.

BY WILLIAM THORN, L. S. A.

In the month of July 1850, I was requested to meet Mr. Goodchild, of Ealing, respecting the case of Mrs. M —, a lady aged 41, married, but without children, who had formerly been a patient of mine while resident in Paddington: she then suffered from disease of the mitral valve of the heart with regurgitation, having a strong bellows murmur and other symptoms of that complaint. Having advised quiet and country air, she removed from town and came under the care of Mr. Goodchild, who had, before I saw her, taken her to a London physician of great eminence: at that time she was hardly able to walk, although not as yet paralyzed. I do not know what was then done, except that no examination of the spine was made, and the uterus was stated to be free from disease.

Upon meeting Mr. Goodchild, we found Mrs. M — in bed, unable to move her legs, the bladder also paralyzed, and the rectum relieved only by enemata. The general health was not greatly disturbed, although the tongue was foul and the digestion bad. There existed, as far as could be ascertained upon an examination, an obscure uterine disease, which I then thought might be abscess of the ovary; for, during the course of the treatment pus was discharged per vaginam to some

extent, and there was severe pain and shivering: this, however, must have been from the vagina alone, probably a thickened leucorrhœa; for upon the post mortem examination there was no trace of abscess, nor the slightest ulceration or abrasion of the uterus. Having explained to Mr. Goodchild that I thought some uterine disease existed, there being violent bearing-down pains, evidently enlargement of the uterus and leucorrhœal discharge, and that the paralysis was sympathetic of this uterine irritation, we proceeded to apply the hot sponge test to the spine; upon reaching the centre of the same we found great pain, for even upon simple pressure our patient was electrified by the shock so caused. Eight leeches were applied at once to this irritable part, and on the next day a long blister down the spine. The blister was repeated weekly for eight times, and lastly, our patient had cold water poured from a height of several feet upon the back every morning. Strychnine in small doses was given, which, from its stimulating properties, had the effect of producing regular action of the bowels, which effect of this remedy I have noticed in other diseases, especially where the bowels have been abused by large doses of quack purgatives. Tonics and mild mercurials were given by Mr. Goodchild, who undertook the general management of the patient, and under whose judicious care she rapidly improved, so that in the tenth week she was enabled to pay a visit some miles from home, was able to walk about her house with tolerable ease and comfort, the bearing-down and all other bad symptoms having left; and our attendance terminated amidst the congratulations of all parties, who had thought our patient would have died bed-ridden. This amendment continued for several months, but, alas! the uterine irritation returned and our poor patient got little or no relief from a second course of the treatment: she got, however, tired of Ealing, came to London, and was again under my care in April last. She was then much weaker, again paralyzed, and was passing the *phosphates* in large quantity in the urine. She absolutely refused any application to her spine, except an opium and a belladonna plaster. Finding her so ill, restless and wretched, I thought of the advice of the late Dr. Blundell, as follows: He says, "Some women suffer dreadfully, and find no solace except in opium or other anodynes." Again he says, "The measure of these remedies must be determined by the effect produced; nor is the largest dose of opium unjustifiable, provided it be the minimum which will relieve the pain. Unhappily there is no danger lest a bad habit should become formed: the patient is making a short journey to the grave, and all that remains to

medicine is to lead her peacefully along the irremediable way—to soften her couch—to smooth her pillow—with wise and gentle hand to mitigate her suffering, and to conduct her undisturbed into the silent tomb.”

Acting upon the views of so justly celebrated a man as Blundell, I controlled the pain and dreadful spasmodic twitchings of the limbs, by small doses of the hydrochlorate of morphia, a quarter grain once or twice a day. This remedy was gradually increased, until my patient took for the last two months of her life six grains of the salt per diem. Under it her appetite improved, the paralysis once more ceased, and never returned, for she was able to get out of bed for the ordinary purposes, and although she only left her bed room a few times, she was quite happy and comfortable. The bowels, however, rarely acted naturally, but were kept in action by warm water enemata thrice weekly. A few days before her death, which took place on the 16th of this month, the tongue became dry and brown, and deafness to a considerable extent resulted: she was, however, still without pain, taking less morphia, but salines instead. She was found dead by the side of her maid, having departed without a struggle. I expected that a convulsive fit would have been the end, considering the deafness as indicative of an affection of the brain, but her intellect was unclouded to the last. Three months ago I said she would die in August: I had diagnosed softening of the spine many months before. My reason for *guessing* at August (for it was only a guess) was, that the usually disturbed electricity at this time would be more than a person so largely affected in the nerves could bear.

Post mortem examination.—On the morning of the 17th of August, twenty-six hours after death.—Patient four feet eight inches high, and about sixteen inches across the shoulders, a very little woman, much emaciated. There was a slight bed sore on one hip, only an abrasion of two days' standing, for Hooper's water-pillow had been used for many months to sit and lie upon, with much comfort. My partner Mr. J. S. Beale and myself opened the spinal canal, from the eighth dorsal to the fourth lumbar vertebra, and exposed the cord, which we found from the tenth dorsal downwards quite diffuent, only held together by the coverings, which were much congested. There was quite enough blood between the dura mater and arachnoid to amount to spinal apoplexy, at the posterior part of the cord, accounting for the very dreadful pain if the morphia was not constantly given, supposing the posterior column to preside over sensation. There were four ounces of fluid in the pericardium: the lungs were slightly blackened,

but were otherwise healthy ; no pleuritic adhesions ; the heart was flabby, natural in size, but upon opening its cavities, the mitral valve was found to be thickened to the extent of the sixth of an inch, and contained several spicula of bone and cartilage ; there was also much bone in the attached and free margins of the middle semi-lunar valve of the aorta ; the tricuspid valves were much more thickened than the mitral. It seemed wonderful that so extensively diseased a heart could have acted so long, for the bellows murmur had been detected for the last sixteen years. Upon examining the genital organs, we found the ovaries quite undeveloped, not larger than in a girl of twelve ; no signs of corpora lutea, and she had never felt the slightest sensation during the whole of her married life. The uterus was four times its natural size, and contained in its *substance* five fibrous tumors from the size of a hen's egg to a small bean ; no sign of ulceration or abrasion at the neck ; the mouth admitted the small end of the blow-pipe freely, until obstructed by the tumors. All the other viscera were healthy, especially the liver, shewing that the morphia had not acted injuriously upon that gland. We did not open the head, as we thought the spinal apoplexy and softening quite enough to account for death.

The conclusions I would draw from this case are :—1st. That if the uterus be not healthily employed, it will be morbidly so ; that is, it will make tumors if it does not make fetuses. 2d. That uterine disease sets up spinal irritation, which may be relieved or cured, in the same proportion as the uterus admits or not of relief ; that spinal apoplexy and softening will result if there is no relief ; that extirpation of the entire or part of the uterus might be tried, to save life, in such a case as the above, where the tumors are imbedded in the substance. Dr. Blundell cautiously advocates this plan. 3d. That a great amount of heart disease can exist for years, and then not kill : there had never been dropsy, or any bad symptoms. And, lastly, that the dose of an anodyne is that which relieves pain.—*London Lancet*.

How to diminish Quackery in the Medical Profession.

BY S. S. BROOKS, M. D.

As this great object seems so desirable, I hope it will not be considered forward in me to offer my mite in aid of its accomplishment. Therefore I respectfully suggest for the consideration of the profession, and particularly for that of the American Medical Association, the following measure :

Let each and every medical college make it a part of its duty to require of its candidates for a diploma, at the time they deposit their theses, a written pledge, with the following provisions :

That, should they be admitted into the profession, they will endeavor faithfully to observe and follow the Code of Ethics of the American Medical Association ; that they will not countenance quackery in any form, but do all in their power, both by precept and example, to suppress and abolish it. And further, at the time of conferring the degrees, let this pledge be publicly read, and the graduates reminded of their obligation to follow it. Let this be done in such a manner that the public may clearly understand its intent and meaning ; and that every graduate who may practise irregularly violates his obligations.

I contend that such a pledge is now implied when a man graduates, but the people do not so understand it.

The profession of medicine is represented to be a great and noble fraternity, and the admission into it as an object greatly to be desired ; yet, unlike other fraternal associations, it places few restrictions upon the conduct of its members, and no written obligation whatever. If it is an honor to receive the degree of M. D., and thus be admitted into the fraternity, let him who seeks it be willing cheerfully to agree to conduct himself in accordance with the established precepts of the profession, from which he expects to receive benefits, and by which he may be enabled to confer them upon others.

The colleges have the power to adopt such a measure, and as it is from them that the student receives his early impressions concerning his duties, they are bound, it seems to me, to pursue some such course.

To them has been confided the responsibility of making and admitting members into the profession ; and they owe it to their alumni, to each other, to themselves individually, and to the people. To their alumni—for the purpose of protecting the honestly disposed among them ; to each other—so that all may strengthen the bands of union between them ; to themselves individually—because the honor of a school depends in a great degree upon the character and conduct of its graduates, by whom, when they go into the world, the true interests of the profession are to be promoted ; to the people—because the community should be informed what is the line of distinction between the true and false in the demeanor of the profession.

It seems to be the duty of the profession generally to consider this matter, and in some way to make the people know

that those who practise irregularly are not honorable members of the profession. For how common it is for the charlatan to boast in his advertisements that he is the graduate of such and such a school; thereby endeavoring to produce the impression on the public mind that the college approves his course. And how lamentable, yet how common it is to find that really intelligent persons in the community look upon the greatest advertising quack as one of the great men in medicine, whose name is placed in the catalogue of honor as equal to the truly great Physick, Parrish, Chapman, Wood and others, who adorn the world with their achievements in science, and their moral virtues. Indeed it is truly sickening to find that in the view of the mass of people the truly great and the miserably low stand side by side as equal benefactors of the human race, their diplomas perhaps having been obtained from the same source.—*N. J. Med. Reporter.*

Philadelphia, 9th mo. 1851.

Miscarriage at Fourth Month, with Procidencia of the Cord and unusually protracted Labor.

BY J. KENNY, M. D., OF ST. LOUIS.

[Read before the St. Louis Medical Society.]

On Monday, 28th July, at 7 o'clock P. M., was called to see Mrs. L****, ætat. 24, ordinarily robust, and mother of one child. I was informed that about 6 o'clock in the morning, while making no other effort than stooping to pick up something which had fallen from her, she felt something give way, which was immediately followed by a discharge of a pint or more of water from the vagina. Though alarmed, this did not interfere with the performance of her ordinary duties—she continued to go about, experiencing neither pain nor inconvenience until afternoon, when a feeling of something unusual in the vagina directed her attention to that part. She there found what afterwards proved to be the umbilical cord.

On enquiring as to her pregnancy, I was told that, although she had experienced many of the symptoms of her former pregnancy, that up to this time she had not supposed herself so. That prior to the 14th of April last, on which day her husband returned after an absence of several months, her menses had been regular, but that since that time she had no "show." Her general health had been good, with the exception of a pain in right side, intermittent and referable to right iliac region, which had troubled her for the past few weeks.

Ecclampsia. and its relations to Albuminuria in Lying-in Women.

(Academy of Med., Paris, July 29.)

M. Depaul read a note on a case of ecclampsia, and submitted observations, of which the following were the conclusions :

1. Convulsions of an epileptic character are rarely seen in the first four months of pregnancy. The case related is therefore interesting, as having occurred at the end of three months, in a person who previously had not been subject to epilepsy or any other nervous affection.

2. It is erroneous to state that the prognosis of ecclampsia is more favorable in proportion as gestation is less advanced, or according as labor, if it have commenced, is distant from its termination.

3. This opinion is founded upon an inference not drawn from facts, viz : that the paramount indication of treatment is depletion of the uterus.

4. The dangers which threaten the foetus consists in the modifications which the maternal blood undergoes, and in the disturbance of the uterine circulation : the death of the foetus not unfrequently occurs in the course of a convulsive paroxysm. The foetus resists the causes of destruction more certainly in the earlier than in later months when it is nearer to its perfect state.

5. The best treatment of these cases is full general depletion.

6. Neither paleness of the countenance, smallness of the pulse, nor the presence of albumen in the urine, are contraindications of depletion.

7. Albuminuria is more frequently met with in pregnancy than in any other physiological state.

8. Without denying the possibility of nephritis in a pregnant woman, the presence of albumen in the urine must generally be regarded merely as a functional derangement. This is confirmed by the results of autopsies.

9. This albuminuria cannot be regarded as the cause of the convulsion, since the latter has often preceded the former.

Med. Gaz.

THE
STETHOSCOPE,
AND
VIRGINIA MEDICAL GAZETTE.

VOL. II

RICHMOND, VA., FEBRUARY 1852.

NO. II.

**Chloroform as an Auxiliary Therapeutic Agent in
Cramp and Spasms.**

BY J. WISTAR WALKER, M. D., CLOVER HILL COAL MINES, CHESTERFIELD, VA.

There has probably been no discovery in medicine producing more interest and excitement with its votaries than that of chloroform. It has, I believe, in certain localities, gone through, successively, all the gradations common to human kind—life, death and resurrection. It has flourished for a time in one place, and then, by its mischievous use, pined and quite sunk into disuse, and again revived by its successful employment in another quarter. Thus has one of the greatest legacies bequeathed to “suffering humanity” been vacillating between certainty and uncertainty. A disposition to adopt and a disposition to reject by the profession most astonishing.

Whether it is prejudice or ignorance of the efficiency of chloroform (apart from its anæsthetic properties, and application to the department of surgery) as a therapeutic agent, that has induced many of the profession to assail it as a remedy highly injurious and even poisonous to the animal economy—and others who, in all probability, never have experimented with it in the slightest degree, discarding it as more detrimental to the human system than hydrocyanic acid, which we all know to be a remedy of exceedingly great value when judiciously used in certain forms of pulmonic disease—we are unable to say.

But we do know that chloroform meets with great opposition, in certain parts of our own country particularly; and as

we suppose this opposition is founded upon experiments made principally by *dentists* ignorant of the action excited by remedies on the living organism and the proper mode of administering this most potent, and, as yet, mysterious agent. We cannot think that *a remedy* which promised so much in the first instance, and was so eagerly embraced by all those who had the interest of the profession at heart, should be rejected by scientific experimenters without submitting its claims to farther analysis. Indeed, if we are to come to our conclusions from the experiments made by Wakely and others, the intention of which could only have been to shew the corresponding results from the administration of equal quantities of *ether* and chloroform, (proving, beyond a doubt, we think, the identity of their action under similar circumstances,) it would be well for us to pause before sealing our minds to conviction; before blotting out from the category of medicinal agents this invaluable boon, and peruse the great mass of published testimony in its favor, as an anæsthetic agent, particularly far more valuable than any similar agent known to the medical world. Having witnessed a large number of very important surgical operations during the winter of 1847-'48, in the various medical institutions in Philadelphia, in the majority of which chloroform was used to the entire exclusion of ether, and having myself had occasion to administer it quite extensively, I have yet to see the first case followed by the slightest unpleasant symptom; and, in every instance, when a fair trial was given, it succeeded to the entire satisfaction of all, even its most strenuous opponents. This, I am sure, will be testified to by Professors *Mütter* and *Pancoast*, in relation to the experiments made by them. Believing, then, that it might with propriety be used in all or the large majority of major operations, when administered carefully and expeditiously by those who understand, as far as is known, the *modus operandi* upon the system, we will now, asking to be excused for our digression from the main subject, notice it as an internal remedy in cramp and spasms.

Whilst attending Mr. P.'s little girl, aged about four years, in an ordinary bilious attack, as was supposed at first, I was on one occasion hastily summoned to see the case, and found her, greatly to my surprise, in a most alarming situation.

The voluntary muscles of the entire frame were rigidly contracted; the limbs of the upper and lower extremities were bent at right angles; the abdominal and pectoral muscles were dense and knotty; the spine frightfully distorted; the face pallid and cool; the eyes were open and fixed, as though they were intently gazing, without expression, upon some stationary

object—the cornea presenting a most unnatural appearance, without perceptible alteration of the pupils; the pulse, notwithstanding this great disturbance of the nervous system, (for the child was perfectly insensible and remained in a comatose state for eighteen hours,) was a little irregular; in every other respect perfectly normal, with foaming at the mouth. When this aspect first greeted my eyes, before making myself acquainted with its pathological character, I was at once impressed with the opinion that life could not exist long, thus threatened.

This case I regarded as Cullen's third species of epilepsy (*epilepsy occasionalis*.) Upon enquiry I ascertained that the purgative medicine which had been directed the day previous had not the desired effect. In fact, there prevailed from the first great torpor of the liver and consequent constipation of the bowels. The warm bath was ordered and repeatedly used, without apparent amelioration in the symptoms. The power of deglutition being completely paralyzed and the internal administration of remedies being impracticable, enemata, variously constituted, were resorted to, with the view of overcoming and relaxing the spasm—thus indirectly procuring an evacuation from the bowels, upon which, it was quite obvious, these extraordinary phenomena depended. Frictions with rubefacients having been used to the fullest extent, and all other means over which I had command being exhausted, without the slightest improvement in the child's condition, I determined to try the remedy which strikes terror to the hearts of many—chloroform.

Up to the period at which chloroform was used there had not been the slightest relaxation visible, and a tremulous movement of the limbs and muscles prognosticated the approach of convulsions. Knowing its influence was more speedily obtained by means of inhalation, I at first applied about 3 ss on a handkerchief to the nose, (preferring the handkerchief to the sponge,) which seemed to cause some little uneasiness about the larynx, and a faint effort to cough. Recognizing this, of course, I was disposed to regard the case more favorably—the impressibility of the nervous system being less obtunded than I had supposed.

The tongue, which had been for some time projected out of the mouth, much congested and bruised, so firmly clinched were the upper and lower maxillary bones, I succeeded, without any difficulty, in returning under the relaxing influence of this potent agent. To say that it acted like magic, would not be giving it too much praise in this particular case. The spasms, though partially overcome by the first trial, continued to recur at irregular intervals with great violence.

After using the remedy by mode of inhalation to some extent, and the spasms *still* continuing to recur at short intervals, I concluded to use it internally, and accordingly administered twenty or twenty-five minims *pro-re-nata*. This plan of procedure was continued, alternating with its inhalation whenever there were any signs of cramp or spasms. It should be recollected that, notwithstanding the efforts which had been made in the first instance to evacuate the bowels, they still remained obstinately constipated.

Though the spasmodic action was entirely overcome for the time being, by the use of chloroform, yet I was well convinced that the spasms would recur, unless the alimentary canal was properly cleansed. I therefore directed the entire course of the spinal column to be freely vesicated, by employing the "*ext. cantharides*," with a view of arousing the susceptibility of the intestinal apparatus to purgative medicines, which had been freely used. Spasmodic twitchings of the limbs and muscles, with an oscillatory motion of the eyes, continued at long intervals for some time after this decided improvement, which were subdued by the repeated use of chloroform.

The disease now taking the aspect of bilious remittent fever, was treated upon general principles, under which course the child recovered.

REMARKS.—We well know that in the above case, thus imperfectly described, there were symptoms presented which, it would seem, contra-indicated the use of chloroform. Having, however, exhausted all the means suggested at the time, it was resorted to with the very happiest results. Notwithstanding the decided aid rendered by chloroform in the management of this case, I do not pretend to say, that had I been deprived of all remedies save *this*, a cure would have been accomplished—far from it—but I wish to be explicitly understood when I say that had I been debarred the privilege of using this agent, the case, no doubt, would have terminated fatally, being convinced that the child could not have survived with such derangement of the innervative powers, rendering the system perfectly insusceptible to the impression of such remedies (curative) as were absolutely indispensable to recovery. Unlike opium and its preparations, in the influence upon the brain, secretions, alimentary canal, &c., chloroform is doubtless destined to supersede, in many cases, all other anti-spasmodics; at any rate, to make a most valuable auxiliary in the treatment of many spasmodic affections.

This remedy should not, by any means, be pushed as an auxiliary therapeutic agent, in the treatment of disease, to

the extent of producing profound narcotism—of course not. All that is desirable or necessary is to suspend or modify irregular nervous action—and in doing this, so far as I have observed, the circulatory system, judging by the radial artery, remains unaffected—no disposition whatever to prostration, where cautiously used.

Why should we not then rescue chloroform from the hands of empyrics, our direst enemies, and if it deserves promotion, rank it in our dispensatories with the most cherished remedies?

Report of a Case of Colica Pictonum.

BY J. N. HAMILTON, M. D., OF WESTON.

I report the following case, in order that it may assist one reported in the December number of the 1st volume of the "Stethoscope," by L. S. Joynes, M. D., of Accomack, in shewing young practitioners the great susceptibility to the poisonous action of lead which is manifested by some individuals, and also to put them on the "look-out" in obstinate cases of colic occurring in children; for, from the frequent use which they make of the metal, I suspect that slight attacks of the disease are much more common than is generally supposed.

I was called, on the 7th of July 1851, to see V. W., a little girl aged 9 years, and found her in bed complaining of pain in her abdomen, which was greatly aggravated by frequent paroxysms. She also complained of pain in her head. Her pulse was a little hard and slightly accelerated. I made pressure upon her abdomen and found no soreness, but the muscles were contracted into knots. Her tongue was natural, but as the symptoms caused me to suspect colica pictonum, I examined the gums and found the characteristic leaden hue around their margins. I enquired if she had been using lead in any form, and was answered in the negative by her mother, but at the mention of the word "lead" the patient remembered that she had swallowed a little lead pencil about 10 days previous to my visit. I was assured by her, and by her mother who had seen the pencil, that it was not more than an inch long and very small. I have no doubt that it was a case of lead colic, for it was well marked by every symptom.

I prescribed a purgative enema and succeeded in procuring a good evacuation, after which I administered laudanum and sulphuric acid, and effected a very speedy cure.

In this case I made very free use of the sulphuric acid, because I thought it might *possibly* be necessary as an antidote,

and also because it is recommended so highly by Gendrin, Wood and others as a curative agent; and although I am not absolutely prepared to say that it was of service, yet I think it contributed to hasten the cure very much.

Irreducible Ventral Omental Hernia.

[Surgical Clinique of Richmond Medical College—Service of Professor C. B. GIBSON, October 22, 1851.]

REPORTED BY WM. W. S. BUSTER, RESIDENT STUDENT.

On October 22d, 1851, a negro man of Mr. N. B. Clark of Henrico, nearly 70 years of age, was brought to the infirmary, having a tumor as large as an orange, about two inches above and a little to the right of the umbilicus. He stated that it appeared some thirty years ago, but had no distinct recollection of the circumstances of its occurrence. Until within three months he has felt no inconvenience from it, but within that time it has become so painful as to induce him to desire its removal. The tumor is hard throughout, uniform in its surface and attached to the abdomen by a peduncle half an inch in diameter and about one-fourth of an inch in length. On its anterior surface is a superficial ulcerated spot about an inch in extent. Dr. Gibson related to the class that it was difficult to diagnosticate the character of this tumor, especially in view of the defective history of the case, but that the indication seemed plain as to its removal, inasmuch as the patient suffered extremely with it, and severe constitutional symptoms were existing. The patient being placed under the influence of chloroform, an incision was made into the integuments of the abdomen two or three lines around the attachment of the pedicle, when it was found that the stem passed through an opening in tendon of the ext. oblique muscle. A careful dissection of the investments of the pedicle being now made, resulted in the conviction that they had enclosed a protrusion of omentum through a preternatural opening in the walls of the abdomen. Having carefully ascertained that the protrusion was entirely omental, Dr. Gibson decided to excise it, and accordingly divided the pedicle about a line in advance of the opening in the tendon. This was held by an assistant whilst a suture was passed from one side to the other of the wound, including the protruded neck of omentum. The water dressing being now applied the patient was conveyed to bed, and in the course of a week was discharged with the wound cicatrised.

On examining the removed tumor it was found to be composed of omentum changed in a considerable portion of its extent into a dense fibrous mass (but preserving in a sufficient degree its characteristic) and of condensed cellular tissue.

The patient has no recollection of having suffered any symptoms of hernia during life, nor indeed was his attention much occupied by the tumor until some three months before his admission to the infirmary.

A Case of Premature Labor—Inertia of the Uterus— Liquor Ergotinæ.

REPORTED BY P. CLAIBORNE GOOCH, M. D.

At 7 o'clock P. M. January 2d, 1852, I was requested to see C., a most respectable negress, æt. 30, hale and robust, the mother of three children, which were the result of her only three pregnancies. The night before she had been "ailing and sore through the night"—this morning she went to her accustomed occupation, of chambermaid at one of our principal hotels, and worked faithfully till afternoon, though constantly complaining of *malaise* and dull pain through the lower part of the body. At 5 o'clock she went to her room, and at 7 I found her complaining of constant grinding and benumbing pains, similar to those at the commencement of labor, or those called false pains. Pulse 60 and perfectly natural, countenance anxious, bowels open, bladder empty, skin moist and warm, but feet quite cold. The pains recurring every 10 or 15 minutes, I had her undressed and put to bed. Upon examination I found her pregnant since 5 or 6 months, and she said her clothes had been soiled since morning with blood. The touch revealed to me an os tincæ dilated at least an inch and a half diametrically, well filled up by a round extremity of a foetal body enveloped in the bag of waters. I diagnosed irretrievable miscarriage, with natural head presentation, and quietly took my bed-side seat till nature accomplished her duty—mine being merely to send the husband out of the room, and to inform the woman that the accident must take place, but without danger.

At 9 o'clock the head had descended completely into the vagina, but then all pains ceased and the most profound inertia uteri supervened. I at once attempted by very gentle though decided traction to remove the mass, thinking that it

was perfectly free from attachment, (as is often the case at this stage,) but finding this impossible without a risk of violence, I desisted. and waited till 10 o'clock on Nature. Then, finding that the uterus did not respond to cold applications to the abdomen and teatular irritation, I administered gtts. xxx of Messrs. Purcell, Ladd & Co.'s new preparation, the *Liquor Ergotinae*. This seemed to act merely as so much pure water; and, finding the cold cloths again to fail, and her pulse slow and weak, and the tissues all relaxed, I gave, at 5 minutes past 11 o'clock, 3 i of the same ergot, having previously given her brandy and water. During this time she seemed to be well satisfied with the *rest* which she enjoyed, and was disposed to drowsiness. The ergot was taken in about half a wineglassful of water—was not at all repugnant or disagreeable to the palate or stomach. Whether it acted or not, (and she surely had enough of it,) I cannot determine, but at 10 minutes before 12 o'clock I observed that she moaned like one having an anæsthetic labor throe, and on applying my hands I found such to be the case. The uterus, by two good contractions, expelled the body of a well formed child enveloped in the membranes intact, with placenta attached. [The specimen was exhibited to the class of the Richmond medical college by my friend Prof. C. P. Johnson on the 3d of January.]

REMARKS.—The only cause of the accident in this case which I can trace, was a fall in the street during the sleet six or seven days previous. This may in some way have severed the foetal and maternal connection, although the woman says she was not hurt by it, and she felt, on the day of the miscarriage, quite strong evidences of the life of her child. In the majority of such cases the constitutional disturbance is greater, the symptoms are more serious and occupy more time, and the hæmorrhage is far greater. The whole amount of blood lost during parturition and after it did not exceed one gill—the lochial discharge was of natural quantity and duration, but was always free of clots.

Common sense dictated to me to deliver the whole contents of the womb at once if possible; but the womb failing to contract, ergot was indicated, and I determined to try the preparation, which was used. I leave it to others to decide whether it acted or not, but I am fully satisfied that the preparation possesses the great advantages over the article in powder or tea, of being more easily administered, and of not nauseating in the slightest degree. The patient experienced no disagreeable effects from the quantity taken, and had a speedy and happy convalescence.

My chief object in reporting the case is to bring the *liquor* to the notice of my brethren, with the hope that they will try it in similar cases, and make known the results of their experience with it.

Richmond, January 1852.

Note on the Iodide of Potassium.

To the Editor of the Stethoscope.

DEAR SIR—An article appeared in the October number of your journal on the use of iodide of potassium in asthma; and as anything bearing upon this point may be of interest, I will state that I was induced to use the remedy about eighteen months since in spasmodic asthma, from knowing the great influence it exerted in certain diseases of the fibrous system, and hoping that therefore the fibrous tissues of the bronchial tubes might be beneficially modified, for I had reason to believe that this portion of the bronchial structure was chiefly at fault. No benefit however was derived even from the protracted use of the remedy in large doses, the cases yielding to other measures.

The author of the above named article states that he has never used the iodide of potassium with decided benefit in any other disease than asthma, and that he had considered it nearly inert. My own experience has been very different from this, in certain diseases of the fibrous tissues, particularly in inflammation, ulceration and painful affections of the periosteum, even though not dependent upon syphilis. I consider it a medicine of great value, and know of none other that can fully replace it. In periosteal affections dependent upon diseased bone, it will often alleviate to a considerable extent. An obstinate case occurred not long since of inflammation of the fibrous tissues of the hand and fingers, in a blacksmith aged 73 years: these parts were swelled to three times their normal size: numerous abscesses had formed, reaching to the periosteum: portions of several fingers sloughed off, and they were covered with large indolent granulations. Under the use of iodide of potassium a cure was rapidly effected.

A.

The Effects of Climatic Changes on Disease.

Dr. H. G. DAVIDSON of Bertie county, N. C., says, in a private letter to the editor:

"I may remark, by the way, that although this part of North Carolina has been one of the most unhealthy portions of the state, the character of its diseases has undergone almost a radical change within the last two years. A year or two ago, the summer and autumn were considered the sickly season. But now malarious fevers, which were once so fatal, are no longer feared—in fact, are so mild and tractable that a physician is rarely called in to treat them. On the other hand, pneumonia and other pectoral diseases are the dreaded maladies, and prove even more fatal than the congestive form of bilious fever formerly did.

"What can be the cause of this change? I have been here too short a time to attempt any investigation of the cause, even if I had the ability, but I hope I may see in your journal at least some attempt to account for such a radical change. One communication on the subject might call forth another, and thus a discussion might spring up, which would develop facts calculated to throw at least some light on the obscure causes of disease."

A Query about the Medical Emblem.

To the Editor of the Spectator.

SIR—I have observed, on the title page of Dr. Hays' American Journal of the Medical Sciences, and on many treatises by eminent members of the profession, the impression of an emblem, for which I have in vain sought a satisfactory explanation—I refer to the stamp of a shield bearing as its device a winged rod entwined by two serpents, with their faces turned towards each other, and the words "*quæ prouinc omni-bus*" printed on the margin. Serpents, I am aware, were deemed by the ancients sacred to Æsculapius, the heathen god of medicine; and he is sometimes portrayed as a venerable man grasping a staff around which a serpent is harmlessly twining—a striking symbol of the potency of the god. But the emblem in question is utterly unlike those used to typify the attributes of Æsculapius or Hygeia, and is manifestly the "caduceus" of mercury, as described by Tooke, Lempriere and Anthon. Now, we know that whatever may be the function of Mercury in the hands of a physician devoted to heroic

remedies, his office, according to classical mythology, was "to conduct the souls of the departed to the lower world"—a very reputable employment certainly, but one not particularly calculated to endear him to the medical profession.

It is true that a god of the Egyptians, called "Thot," whom some regarded as being identical with Mercury, was worshipped by them as the patron of all the liberal sciences, and necessarily of medicine among the rest, though no peculiar prominence appears to be assigned to his patronage of the healing art. We have, however, no valuable remains of the literature of Egypt beyond her hieroglyphical inscriptions, and her mythological ideas, shadowy, indistinct and repulsive, have never gained admission into the popular mind of Christendom. On the other hand, such is the ascendancy of Grecian and of Roman genius in the domains of imagination and taste, that our poetry, our oratory, our severe scientific disquisitions, and even our religious discourses, still reflect the many-hued fancies of their great classical writers. In spite of a purer faith and a nobler philosophy, the muses still haunt the grottoes of Parnassus—Jupiter still thunders from the cloudy top of his sacred mount, and the bow of Heaven discloses to our upturned wondering gaze the glowing foot-print of Iris of the "purpled scarf." In short, all our ideas of the attributes of the Olympic deities are derived immediately from Greek and Roman literature. But *their* mythology assigns to Mercury no connection with medicine. He was "the god of eloquence and of traffic—the patron of thieves and all dishonest persons." The deities who presided over the art of healing were Apollo, Æsculapius and Hygeia.

Being unable to find anything in the general character and attributes of Mercury to justify the adoption of his wand as emblematic of the medical art, science or profession, I have consulted Professor Anthon's article on the "caduceus," under the supposition that as it was the gift of Apollo, there might be something in its *instrumentality* which recommended it to Dr. Hays and others, who assume it as an armorial badge. I only find, however, that it "is the wand of Mercury, *with which* he conducts the souls of the departed to the lower world;" that, commonly speaking, "it was a wand of laurel or olive, with two little wings on the upper end, and with two serpents entwined about the same part, having their heads turned toward each other—the whole serving as an *emblem of peace*."

It possessed then no sanative powers; and if it be merely an emblem of peace, (and not, as some suspect, of traffic,) it is not altogether obvious why it should be appropriated by the

medical faculty as the peculiar type of their profession. I grant that medicine is the noblest of the sciences, and physicians the greatest temporal benefactors of our race. We are their dependents during life, and their subjects after death. But every guild, trade and profession alike inculcate the duty of maintaining "*peaceful* relations with the rest of mankind" in general, and with their fellow-craftsmen in particular. The clergy are the special missionaries of peace; hence, during the middle ages, their favorite salutation was 'pax vobiscum'—peace be with you. When their spiritual courts condemned a delinquent to death by starvation, (for they were humanely averse to the shedding of blood,) "vade in pace"—go in peace—was the gentle formulary by which they consigned them to those silent chambers, where the "wicked cease from troubling and the weary are at rest." For marshalling him to such dreamless repose, Mercury, the usher of the dark court of Hades, with his melancholy wand of peace, would be a fitting chamberlain. But surely such reflections and such analogies could not have guided Dr. Hays and his associates in the selection of their heraldic device.

When the world-renowned Captain Toby Shandy commenced the study of projectiles, he first ascertained the curve in which a cannon ball did *not* go, as a necessary preliminary to a profounder investigation into the character of that in which it *did*; and in humble imitation of his precaution, I have labored to discover what this professional symbol does *not* signify, in the hope that some of the medical faculty may inform us what it *does*. In which hope, I remain, respectfully, yours,

PHILO-MEDICUS.

[We hope that some of our Philadelphia friends, who have so generally adopted this emblem, will give a satisfactory explanation of it. None of those which have been suggested to us seems to hold good.—ED. STETH.]

Medical Society of Virginia—January Meeting.

The President, Dr. B. R. WÉLLFORD, in the Chair.

(Present—Thirty Members and Visitors.)

After the minutes were read, the following gentlemen were ballotted for and elected members of the society :

A. SPITLER, M. D., of Upshur county,
W. J. BLAND, M. D., of Lewis county,
A. C. ISBELL, M. D., of Louisa county,
THOS. TEMPLE, M. D., of Hanover county,
P. F. BROWNE, M. D., of Accomack county.

Several gentlemen were nominated, and their applications were laid over as usual.

The subject of the evening being called up, Dr. W. E. WILSON proceeded to read a paper on **Gonorrhoea**, which elicited a discussion, in which Drs. BOLTON, MILLS, WILSON, POLLARD and GOOCH participated.

Dr. THOS. POLLARD said, that he would beg leave to report the two following cases to the society as probably possessing some interest :

December 1851.—T. G., a young man, applied to me for advice. On inspection, I found extensive erosions of the glans penis, and in one place quite a large and deep ulcer, (though wanting the characteristics of true chancre,) with large buboes in either groin. Discovering the case to be "balanitis," as described by Ricord, I pursued the following treatment : Nit. silver was freely applied in solid form to the ulceration, and a solution of nit. silver 10 grs. water ℥i, directed to be used once a day, with frequent ablutions of cold water. Blue pill every other night, and ung. hydrargyri to the buboes in the groin with a view of producing resolution—diet to be light. In 5 days saw him again, at which time phymosis had supervened, which he stated to have come on 2 days before I saw him, and 3 days of course after the application of the nitrate of silver. There was also purulent discharge from the urethra, which had only come on the day before, and about 12 days after the first abrasion on the glans. R. Poultices to the penis, injection of acetat. zinc grs. 2, water ℥i, and Chapman's mixture of balsam cop. to be taken. The solution of nit. silver to be injected between the glans and prepuce twice a day. Blue pill to be discontinued, but the ung. hydrargyri to be continued on the buboes, which were decreasing in size. Un-

der this treatment he slowly improved, the swelling of the glans penis gradually subsided, the buboes disappeared, and on examination a few days since, found him to all appearances entirely well.

Jan. 16.—M. H., a young man, and an associate of the former, applied to me for treatment, asserting most earnestly that he had taken venereal disease by sleeping with his friend, whose case has just been described. Upon examination I found 3 ulcers on the glans penis, well defined and rather deep, with several smaller ones, and some abrasion. No running from the urethra. No buboes. Touched the ulcers with nit. silver, and directed him to use black wash twice a day, and to live low, and to keep the bowels open with blue pill every other night, believing that there could be no objection to mercury in this quantity, though I did not believe the disease was syphilitic. I have not had an opportunity of seeing the patient again, as he resides in the country. Whether the disease was taken in the manner reported, I cannot undertake to decide. I at least believe it possible. Ricord, while contending that the virus of gonorrhoea cannot be communicated to the system by inoculation, admits that it is communicated by contact with mucous surfaces to the eyes, nose, mouth, arms, &c.

I may be permitted to take this occasion to say that there is generally not much difficulty in curing gonorrhoea in hospitals. While a resident of the "Richmond Infirmary" for 12 months, I do not recollect a single case that did not yield to balsam; and a very intelligent ship captain, who had been in the service for many years, both on the Atlantic and Pacific, told me he never had any difficulty in curing the disease by a mixture of balsam and powdered cubebs. My explanation of this fact, and it is one from which we may learn a useful lesson, is that patients in hospitals and on ships can be kept on proper diet, and made to abstain from alcoholic stimulants. I recollect a case treated during the past year, where the disease was kept up for months by the use of alcohol, as I afterwards discovered, though the patient averred to me that he never touched a drop of anything of the kind.

Dr. R. A. Lewis proposed at the next meeting to read a paper on "**The Phenomenon of Direct Vision,**" which was made the subject for the February meeting.

Dr. BOLTON presented specimens of uterine and abdominal supporters for the inspection of members, and said that the agent of the manufacturer of them was then in the city.

Dr. C. P. JOHNSON reported two cases, which had recently come under his observation, and promised to detail them in

future on paper. One of them was a case of "paralysis of the motor communis, or sixth pair of nerves," which he said was the only case of the kind which he had seen, and he had been unable to find similar ones reported by writers on nervous diseases.

The other case occurred in hospital practice, in which apparently serious though not fatal results ensued on the administration of chloroform for an amputation of a finger. Loss of consciousness, &c. ensued for some time after the operation, but Dr. J. said that he could not positively assert that the chloroform had produced it.

Dr. BOLTON mentioned two recent cases of anæsthesia by chloroform, in one of which he had kept the patient constantly under the influence for 17 hours during labor—in the other, for 25 hours, and half a pound of the chloroform was used. In neither case any deleterious results ensue, though after several days the latter case terminated fatally from other causes.

The bound Transactions of the American Medical Association were laid before the society, and members informed upon what terms they can be obtained.

Dr. G. A. WILSON offered the following resolution, and said, that inasmuch as objections were urged to two nominations which had just been made, on account of the gentlemen not being residents of the state, he wished a decision to be made of the principle before the ballot came on for them.

"Resolved, That residence within the state is not necessary for admission to the fellowship of the Medical Society of Virginia."

After a debate on the subject, the resolution was rejected.

An ineffectual effort was made to have the present constitution, as amended, printed for the use of the members. It was urged that at the annual meeting in April, should the society be reorganized and made a state society proper, the constitution and by-laws will again have to be revised and printed.

A resolution appointing a committee to procure a hall for the meetings of the society, after the present contract with the library association expires, was referred to the building committee.

Death of an Honorary Member.

The PRESIDENT stated that it was a sad duty incumbent upon him, to announce the death of Dr. J. KEARNEY RODGERS, of New York city, who was one of the oldest and most esteemed of the honorary members of the society. Dr. WELLS paid a handsome tribute to the memory of the deceased, and said that it was proper for the society to take some action on the subject.

Dr. JAMES BOLTON then offered the following resolutions, which were unanimously adopted :

Resolved, That we learn with deep regret the death of Dr. JOHN KEARNEY RODGERS, an honorary member of our body, whose professional attainments had justly entitled him to the high rank which he occupied in our profession, and whose private worth had won the esteem and affection of his associates in practice.

• *Resolved further*, That as a mark of respect, we will wear the customary badge of mourning for thirty days.

Resolved also, That a copy of these resolutions be forwarded to the family of the deceased, and that their publication be requested in the Stethoscope and city papers.

On motion, the society then adjourned until Tuesday evening, February 17th.

EDITORIAL AND MISCELLANEOUS.

Medical Education.

We call especial attention to the subjoined communication from an ardent lover of his profession. It briefly embodies many views on the vitally important subject of a reform in our present wholly defective system of medical education, which not only demand, but must receive the attention of the government as well as of the public. The subject will be prosecuted in future numbers, even though it render our journal very unpopular among the large class of inert druggists in the profession and the small class of beneficiaries under the present system of manufacturing M. D.s for about \$ 250 each.

The views set forth by our correspondent are so similar to those which we have long entertained, in common with the great mass of the ablest and worthiest of our professional brethren, that we substitute them for anything which we might say in regard to the matter :

Reform in Medical Education.

MR. EDITOR—It has been with no small degree of pleasure that I have witnessed the practical results of those schemes of organization which have been set on foot with a view to the regulation of individual conduct in our professional intercourse. But this subject, important as I acknowledge it to be,

dwindles somewhat into insignificance, when compared with that one *great* subject which at this time seems peculiarly to demand our individual attention and united effort. That subject is *medical education*. It is high time that we should be devising some plan, by which to elevate that standard of medical acquirement, which entitles an individual to the degree of doctor of medicine, and thus secure to our own state at least, thoroughly educated, and efficient practitioners of medicine. I presume there is no one who will pretend to affirm, that our present standard is sufficiently high, or who does not concur in the opinion, that something should be done to rescue that once honorable title of M. D. from the disrepute into which it has fallen by reason of defective education. Heretofore, this subject has been left (with the exception of two or three states) entirely in the hands of the medical schools of our country, and to them appeal after appeal has been made, to maintain that high standard of requirement, in conferring the degree, which would secure for us that respect and confidence which high scientific attainments must command. But how have our repeated calls been responded to? It must be evident to the most casual observer, even out of the profession, that the standard of graduation is lower at the present time than at any other in the past history of medicine. It is in vain we look to the schools to remedy this evil, so long as they believe to attempt such a reformation, would be materially to injure their individual interests, and to jeopard an enterprise in which many of them have embarked their private means. Such is the competition now existing between medical colleges, by reason of their increased and still increasing numbers, they are compelled to offer inducements in the form of a short collegiate course and lenient examinations, entirely incompatible with a thorough or even respectable medical education. They argue thus: "If we require more than two sessions, or demand a more thorough knowledge of medicine before granting a diploma, while other and rival schools are graduating students at *lower rates*, why, our lecture rooms would soon be empty, and we had as well 'shut up shop!'" But may I not ask if this can be offered as a valid excuse for the violation of a sacred trust, in recommending to the confidence of a community a set of men whose qualifications you have not properly tested, or if you have and found deficient, you do not reject? This species of bidding, gotten up between rival institutions, is deeply to be deplored by every true lover of our noble science, and if persisted in, must eventually lead to the utter prostration of the dignity of our profession, and its conversion into a contemptible trade, in the hands of miserable and un-

scrupulous pretenders. I have heard it stated, by those who have been cognizant of the fact, that this rival bidding has been actually carried to the extent of issuing tickets free of charge, and at the same time giving a guarantee of graduation.

Now, I would appeal to every man within the broad limits of the commonwealth, to know if it is either proper or safe, that this power of both teaching and graduating the medical men who are to practise in our state, should any longer remain in the hands of the *interested* bodies of men who manage the *Æsculapian* steam factories of the present day. And is what I have said of medical schools anything more or less than a plain and unvarnished statement of facts as they are known to exist by every one who knows anything about the system upon which they are conducted? Now, what and where is our remedy? So far as our own state is concerned, the remedy is at hand, and meets with the approbation of every medical man to whom I have suggested it, (and I have conversed with many upon the subject.) It consists in the establishment of a *board of medical examiners*, wholly unconnected with any school where medicine is taught; and to our state legislature we must appeal for the establishment of this board. In this way, we would succeed in separating most effectually the teaching from the licensing power, and thus guarantee to our state thoroughly qualified medical practitioners. The healthy influences that would be exerted through its instrumentality would of course be felt principally by the citizens of Virginia; but at the same time it would indirectly have a tendency to exert a beneficial influence upon foreign schools, and through them the citizens of such of our sister states as have not preceded us in this step. And is there any one who supposes that a board thus constituted by the authority of the state, would institute no more thorough examinations with a view of testing qualifications than those of the schools? If there be such an one, I have but to invite his attention to the character of the examinations as conducted by the army and navy board, and ask him to compare them with the farcical catechisings of the schools, at which the initiated candidate "laughs in his sleeve," the community pronounces a burlesque, and the honest man looks upon with scorn and indignation.

Why, who does not know that not one out of twenty, who graduates at a medical college, is prepared to pass the army and navy examinations! And why is this? Do the diseases of the sailor and soldier require more knowledge or skill in their management, than those with which the civil practitioners have to contend? Or are these men thus employed in the service of their country entitled to more consideration and care

than the private citizen, who is so often permitted to fall into the hands of a licensed ignoramus? None of these things. The mystery lies in the very different influences that are brought to bear upon the minds of those who constitute these two very dissimilar boards—the one is an independent board, (so constituted,) which, in its decisions as to the qualifications of a candidate, is uninfluenced by any consideration of mere personal or private interest, for it has none to serve; while the other is one whose number of dollars and cents—nay, even its very existence as a school—depends upon the rapidity and facility with which it confers upon students of its own teaching—its *patrons*—the degree of doctor of medicine. I do not pretend to say that the schools are managed in this way as a matter of preference; but the very position of rivalry which they occupy towards each other, leaves them but a choice of evils: either to resort to the plan to which I have alluded, or else permit the institution to go down. Nor would I have myself understood as saying, that *all* graduates from these schools are unfit to practise medicine; for, on the contrary, I know there are many of them entirely qualified to enter upon the responsible duties of their profession. But what I do emphatically say is this, that the fact of a man's having a diploma from a medical college in his pocket, is by no means conclusive evidence of his qualifications as a practitioner. Be this as it may, what I wish to urge is, the necessity there exists for the establishment of a board of medical examiners by the state, whose duty it shall be to examine every individual who proposes to practise medicine in the state, and to license such only as they may, after a *thorough* examination, deem qualified. The benefits that would result, both to the profession and to the community, must be evident to the mind of any one who will reflect upon the subject, and who knows anything of the state of medical education, to say nothing of the amount of *unlicensed* quackery that exists in our midst. In reference to the details connected with the establishment of this board, whilst I have given it some consideration, I deem it inexpedient to make any suggestions at present, other than that I am of opinion the state should authorize the board, and define its object and powers, entrusting the appointment of its members to the Medical society of Virginia at its annual meeting. If I have succeeded to any extent in shewing its importance, and arousing the attention of the profession to the subject, the object of this communication will have been fully accomplished. I have not pretended to enter into any lengthy discussion upon the subject, designing merely to call attention to it. I will here take occasion to say, it would not be my ob-

ject, nor would this board have any tendency to curtail the profits that accrue to the schools from teaching. I am perfectly willing they should continue to teach, and charge little or much as they may see fit for the services they render in this way; but I do insist, that they should not be permitted both to teach and to license. And as my remarks have been upon the subject in connection with the welfare of Virginia, I wish distinctly to state, that in my allusions to medical schools, my references were to no particular one, either in or out the state. I made, nor did I intend to make any distinction between them. X.

Physicians and Apothecaries.

We regret that our space does not permit us to publish from the journals the "Report of a joint committee of the Philadelphia county Medical society, and the Philadelphia college of pharmacy, relative to physicians' prescriptions, together with a few general hints on the relations which should exist between them and pharmacutists." It embodies pretty exactly the same *axioms* which were agreed upon by the Medical society of Virginia, and which were published at p. 569 of our first volume, and which have been adopted, we are glad to know, by the Richmond apothecaries, although they have not a college or an association, and therefore were not represented by a committee to assist in drafting them.

All these rules, or codes, or principles of conduct—whatever they may be called—are in strict accordance with propriety and common sense. They enure greatly to the welfare of the community and "the advancement of pharmaceutic science and interest," and cannot be objected to by anybody who does not desire his own gain more than anything else, or by those who have not sense to understand them. To argue the necessity of written understandings between those engaged in pursuits which, though distinct, are closely allied, would be no less stupid than to argue that "everybody ought to attend to his own business." The propriety and justness of the report to which we allude is conveyed to all sensible and honest minds by its mere perusal. This we commend to both professions from the pages of the last number of that excellent work, *The American Journal of Pharmacy*.

To Correspondents.

We have on file several communications intended for publication. Some of them will require razeeing, on account of their length, and others we cannot admit till after an interview with their authors. They shall all be attended to, together with several letters which require answers, at our earliest leisure.

We earnestly entreat our readers to bear with our faults, (chiefly, we hope, of omission,) until we can command more time to devote to our periscope. We are necessarily behind hand yet, but so soon as it is practicable, we shall give a regular synopsis of the contents of the journals, and condense as much as possible the new and valuable information which we may glean from articles too long to copy.

Our table is at present covered with an immense pile of matter, much of which is scientific, new and practical; but to separate it from the chaff, which the press is pouring forth in every quarter of the universe, requires more time than we have had at command, and far more sense and industry than the fault finders of monthly medical journals can understand.

With the aid of some of our energetic friends, we hope to publish the leading ideas of value which are to be found in our numerous exchanges. The Stethoscope must necessarily be a medical newspaper to some extent, but it shall always contain more useful information to the practitioner of physic than a reasonable man can expect for the pittance of three dollars a year.

In reply to numerous correspondents and others desiring to obtain copies of the Transactions of the American Medical Association, we make the following statement, upon the authority of the committee of publication:

The last volume has been distributed to nearly all those who have paid their assessment, and copies for the rest are at Blanchard & Lea's store, subject to members' orders.

A few complete sets were saved from the fire, and we can

furnish them to *members* of the association, or of constituent bodies, at the price determined upon by the committee, viz: \$20 for the set of 4 vols.

The few odd copies of Vol. IV, which were left have been sold at \$5. Vol. II is deficient and cannot be sold separately, but Vols. I and III can be obtained for \$2 each.

The demand for the work, now that it is so scarce and costly, is very great, and we think it due to those who have written to us about it, to give this information, and to advise them to order at once, or they will be finally disappointed in obtaining it at all. Many are deluded by an impression that there will soon be a reprint of the whole work. This is more than improbable, at least for a number of years to come.

Notice.

The fifth annual meeting of the American Medical Association will be held at Richmond, Va. on Tuesday, May 4th, 1852.

All secretaries of societies, and of other bodies entitled to representation in this association, are requested to forward to the undersigned correct lists of their respective delegations as soon as they may be appointed.

The following is an extract from Art. II of the constitution :

"Each local society shall have the privilege of sending to the association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half of this number. The faculty of every regularly constituted medical college or chartered school of medicine shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate."

The medical press of the United States is respectfully requested to copy.

P. CLAIBORNE GOOCH,
One of the Secretaries,
Bank Street, Richmond, Va.

Erratum Gravum.

We regret that a mistake was made in spelling the name of Mr. W. W. S. BUTLER, at the head of the article on page 64. The form was worked off when the error was observed. This affords us an opportunity of beseeching correspondents not to be so *distingué*, or to be more *distinguishable*, in their signatures, very many of which really are hieroglyphics.

Reviews and Bibliographical Notices.

The Elements of Materia Medica and Therapeutics—By JONATHAN PEREIRA, M. D., F. R. S. and L. S. *Third American edition, enlarged and improved by the Author. Including Notices of the Medicinal Substances in use in the civilized world, and forming an Encyclopædia of Materia Medica. Edited by JOSEPH CARSON, M. D., Professor of Materia Medica and Pharmacy in the University of Pennsylvania, Fellow of the College of Physicians of Philadelphia, etc. Philadelphia: 1852. Blanchard & Lea. 8vo. 838 pp.*

We have received from the publishers the *first* volume of this work, without any intimation when the second will be through the press, but from what everybody knows of their enterprising character and ability, it may soon be expected.

This edition is dedicated by the author to Professor Wood, and has been revised and prepared for the American market, a fact of somewhat novel occurrence with our transatlantic friends. Dr. Carson, the American editor, has carefully adapted it to the late edition of the United States Pharmacopœia, and has added valuable notes on articles and topics of special interest to the American practitioner.

The unlimited satisfaction, which this book has given to all, renders it superfluous for us to attempt to notice it at length. It is esteemed the most valuable and perfect encyclopædia of materia medica published, and we honestly recommend this last edition as a great improvement on the former ones.

An Analytical Compendium of the various branches of Medical Science, for the use and examination of Students—By JOHN NEIL, M. D., Surgeon to Willis' Hospital, Demonstrator of Anatomy in the University of Pennsylvania, Lecturer on Anatomy in the Philadelphia Medical Institute, Fellow of the College of Physicians, &c.—and FRANCIS GURNEY SMITH, M. D., Lecturer on Physiology in the Philadelphia Association for Medical Instruction, Physician to the St. Joseph's Hospital, Fellow of the College of Physicians, &c. Second edition, revised and improved. Philadelphia: Blanchard & Lea. 1852. 12mo. 1002 pp. In seven parts.

How pleasant it is for the student of medicine to think that he has the whole of the medical sciences—or, at least, of those required by American colleges—concentrated in 1002 small pages. How many “good fellows” are there, have there been, and will there yet be, who place their whole hopes and reliance in the speedy and certain effects of Neil's & Smith's *concentrated extract*—the most valuable preparation within the range of their medical knowledge? These questions are readily answered by a knowledge of the number of candidates for the M. D. diploma in the United States, *minus* about one or one and a half hundredths. While this proves the value of the book and is strong evidence of the fact that it contains an immense amount of true and reliable medical knowledge, it also proves that it presents an easy and short route to the high and distinguished (?) position of Doctor Medicinæ. But this is a necessary evil, and it must increase with the increase of required medical knowledge and the multiplication in number and size of standard text books. In the rapid courses of lectures, where work for the student is heavy, and review necessary for an examination, a *compend* is not only valuable but it is almost a *sine qua non*. The one before us is, in most of the divisions, the most unexceptionable of all books of the kind that we know of. The newest and soundest doctrines in theoretical and practical medicine, and the latest improvements and discoveries in chemistry, anatomy and materia medica, are explicitly though concisely laid before the student or reviser in the edition just issued. The silly system of questions and answers has been avoided, and the whole space is covered with solid information. The illustrations, by wood cuts, are 344 in number, and are clearer and more distinct than usual. The typographical execution, paper and binding do credit to the house which issues it. Of course it is useless for us to recommend it to all last course students, but there is a class (and a large one it is) to whom

we very sincerely commend this cheap book as worth its weight in silver—that class is the graduates in medicine of more than 10 years standing, who have not *studied medicine* since. They will perhaps find out from it that the science of medicine is not exactly now what it was when they left it off, and that their age and experience do not constitute them the best physicians in the world, or the most scientific men.

A Class Book of Chemistry, in which the principles of the science are familiarly explained and applied to the Arts, Agriculture, Physiology, Dietetics, Ventilation and the most important phenomena of nature. Designed for the use of Academies and Schools, and for popular reading—By EDWARD L. YOUNG, Author of a New Chart of Chemistry. New York: D. Appleton & Co. 1852. 12mo. 340 pp.

This is not a medical book. It is one which, in the absence of a better one, should be in the hands of every school boy at 15 years of age. A mere glance at it satisfies us that it is not a compend of chemistry, but rather an elementary school book, after the order of the famous Peter Parley series. It is cheap and valuable in schools and families, and we hope it will find its way to many a fireside where now the nature of the warming element, or the smoke from the chimney, is all a mystery. The introduction to this book would make a valuable sermon for any educational missionary. It proves the importance of a knowledge of chemistry and its great value to everybody in the world; and as simple a truth as this is, it seems not to be known at this age of civilization to most of our people. Chemical instruction, instead of going with the grammar and arithmetic everywhere, is mostly confined to the curriculum of study for the medical degree, the colleges and large cities, where there is sometimes found a pitiful class of the higher order of boys. This is a subject which should command the attention of other people besides professors and students of medicine, and we rejoice to see new and popular works offered to the public.

Retro-Pharyngeal Abscess; its Medical History and Treatment; with a Statistical Table of fifty-eight Cases—By CHARLES M. ALLIN, M. D., Resident Surgeon of the New York Hospital. New York: Jno. F. Trow, Printer. 1851. 8vo. 38 pp.

This is a very valuable contribution to medical literature.

The statistical table, containing all the particulars of 58 cases, is a monument to the zealous perseverance and industry of the compiler. We believe that there is but one other table of the kind on record. That one was published in the "*Annales d'Obstetrique*" of 1842, by Mons. Mondière, wherein 32 cases are alluded to: most of them doubtless are the same ones published now by Dr. Allin, who justly notices Mondière's labors, but regrets that he could not obtain the work for reference.

These researches go far to prove that the disease is much more common than the standard books would make it appear, and, after reading the cases reported, we are well satisfied that many a case of pharyngeal abscess has been mistaken and mistreated for spasmodic croup. Dr. Allin's notes on the diagnosis and symptoms are excellent, and they clearly point out the errors into which men of the most acute judgment may fall.

The thanks of the profession are due to Dr. A. both for his labor and for his having republished his paper in pamphlet form. It first appeared in that excellent bi-monthly, the New York Journal of Medicine.

Dr. C. D. GRISWOLD, recently one of the surgeons of the Panama R. R. Co., and late editor of the New York Register of Medicine and Pharmacy, has published a little pamphlet, entitled "*A Chapter on the Climate of the Isthmus of Panama, and its Effects on Health.*" It is intended for the emigrants who may expect to pass through Panama, and sells for one shilling. The few hints given in it regarding diet and prudence in keeping up fires during the rainy season are the dictates of common sense. We observe nothing peculiarly new or valuable in the pamphlet, and must express our regret that Dr. G. did not give better evidence that he had not lost the opportunities which he possessed of giving to the public and profession a more comprehensive treatise on the diseases of this interesting country. It is a wide and fertile field for investigation, and, at present, no one can be satisfied with 12 *duodecimo* pages, even if they were exclusively devoted to the climate, or the "Chagres fever."

Dr. H. A. RAMSAY has sent us a paper entitled "*A Practical Essay upon the Symptomatology, Etiology, Vital Statistics and Treatment of Pneumonia*." 8vo. 32 pp.

The paper seems to be well drawn up, and contains an account of the author's practice in the county of Lincoln, Georgia, during a memorable epidemic of pneumonia in 1845. Dr. R. says, "during its prevalence, it was our good fortune to attend one hundred and seventy cases, and it was our better success not to have sustained the loss of more than a single one. We would be happy to record the same success in sporadic pneumonia." He deprecates bleeding as most hazardous—his chief reliance is in the emetic practice, blue pill, blisters and digitalis.

In a note to the reader, of three pages, the author indulges in a strain of language not well calculated to impress his readers very favorably. This is the second edition of the essay, and it is to be hoped that there will be no more bitterness on account of individual feeling mixed up with scientific works.

A Treatise on Diseases of the Skin—By JOHN A. SWETT, M. D., etc.

This work will be issued from the press of D. Appleton & Co. during the spring. It will be chiefly made up of the lectures delivered by Dr. S. at the New York Hospital, which were well spoken of at the time of their delivery. They will be illustrated by wood cuts and steel engravings. We hope that especial care will be taken in coloring, as no idea can be obtained from a plate of a skin disease unless the coloring is perfectly natural.

Want of space and several other circumstances have rendered it necessary to defer until our next issue notices of Dr. Dalton's prize essay on the Corpus Luteum, reports from the Eastern and Western Lunatic Asylums and the State Penitentiary.

Gastric Hair-Balls in a Human Subject.

Mr. Pollock lately exhibited to the Pathological society of London some sections of two large masses of hair and string, which had been removed from the stomach and duodenum of

a young woman after death. M. E. N., aged 18, came under Dr. Blakeley Brown's care on the 7th August 1849. She had always been delicate, but more so during the last year. She appeared sickly and childish. The bowels acted irregularly, and were generally relaxed. The catamenia had appeared only once, about ten months before the above date. Appetite was variable, and she frequently vomited after meals. For several months she had been suffering from a tumor, apparently about the size of a large orange, situated in the epigastric region, which projected slightly, but was not painful on gentle pressure; apparently solid, and very slightly moveable. It had very gradually increased. She complained principally of general debility, and of the inconvenience from and of the occasional pain about the tumor. Under treatment she improved for about six weeks. On the 30th of September she complained of much pain in the region of the tumor, which had come on after a severe attack of vomiting. This was relieved for a short time, but recurred the next day. Soon afterwards she became collapsed, and died.

Post mortem examination.—The cavity of the peritoneum contained several ounces of purulent serum, and the general surface of the intestines afforded evidence of recent peritonitis; there were also some older adhesions. On opening the stomach and intestines the masses of hair and string exhibited were found. That from the stomach is moulded to the shape of that viscus, which was much dilated; it occupied the larger portion of the greater extremity, a narrow part projecting into the pylorus; very little solid food could have been taken latterly into the stomach, and little else than fluid would have passed by this mass into the duodenum. The mass consisted chiefly of long black hair and pieces of string rolled up and matted together with ingesta. It now measures, when dry, six inches in length, three and three-quarters in depth, and two and a half across, but was much larger and heavier when first removed. The second mass has taken the shape of the lower portion of the duodenum and commencement of the jejunum, which was considerably dilated. This mass consists of much less hair, but a very large proportion of string; it is fourteen inches in length, two and a half in depth, and two and a quarter broad in the thickest part. From the history of the case previous to the attendance of Dr. Brown, it appears that she had been observed to put hairs into her mouth when three or four years old, but her habits had not attracted any particular attention of late.—*Lancet*.

Ayer's Cherry Pectoral.

[We copy the following from a late number of the *Transylvania Medical Journal*.]

AYER'S CHERRY PECTORAL.—We have observed, with astonishment, that the "Transylvania University of Medicine, Lexington, Ky." figures among the list of "high medical authorities" which have awarded to the Cherry Pectoral "unqualified commendation." We allude to this circumstance simply for the purpose of saying that no such commendation has ever been conceded by Transylvania University, and to insist upon the name of that venerable institution being stricken from the list. We protest against such a rape of the fair fame of our old school, and take this occasion to say that, if the testimonials of the dragoman of the Imaum of Muscat (!) and other high functionaries, has been as uncereemoniously employed as that of Transylvania, Mr. Ayer's notions of truth and propriety may be ranked with those of venders of nostrums generally—made of materials more stretchy than gum-elastic.

E. L. D.

A New Quackery.

In Naumberg a man named Mahner is preaching the necessity of a new regeneration, not in the spiritual, but physical sense. He warns a sickly race that it must return to the lost state of "primitive health," or *Urgesundheit*, as the means of more fully enjoying life, and attaining a patriarchal old age. It is to be secured by a diet of bread and water, going barefoot, and letting the hair and beard grow; in short, making a nearer approach to man's original state in costume than the decencies or prejudices of modern society will altogether permit. On this topic he has been lecturing to a chosen few, but his doctrines do not seem to take, bread and water not being tempting, even with fourscore years, promised as the prize of self-denial. It is also said that the apostle does not fully act up to his own precepts, preferring a well-spread table and every variety of wine or beer to the pure element; but this may be a calumny of the hotel keepers. The German journals are perpetually turning up some eccentricity of this sort: to repair or preserve health, the oddest "cures" are resorted to. A section of the public seems determined to escape the hands of the faculty, and die

by some irregular process, rather than with the aid of medicine. In a single advertising sheet could recently be counted up a water cure, a grape cure, a milk cure, and a hunger cure; to these must be added another just getting into vogue—some of the former having had their day. It is the cure by muscular exercise, by which cripples from rheumatism are put through a course of gymnastics, and dancing is prescribed for the gout. These, however, are all merely cures or remedies; the “primitive health” theory is founded on a system of living which would literally make “man’s life as cheap as beasts,” without much prolonging it. As far as hair and beard go, many of the Berliners are meeting the Naumburg preacher more than half way.—*Prov. Med. and Surg. Journ.*

Treatment of Obstruction of the Bowels.

BY EDWARD WELLS, M. D., OXON.

In some preliminary remarks, the author informs us that it is not his object to treat of intestinal obstructions from causes external to the tube, as tumors, &c., nor of obstructions arising from internal causes, as hardened fœces, neither of those cases which originate in hernia. The cases which he has in view are those which have no demonstrable cause of the obstruction, such as in the following supposed case: You are called to a patient, who informs you that he has had no proper relief from the bowels for the last seven or eight days; that he has been to the druggist, and taken black dose upon black dose, pill upon pill, and that they are all in him, and he wants to know what he is to do next. He tells you, further, that it is true he has been to stool once or twice, or perhaps oftener during the time; that he has perhaps on each occasion passed something, but he is sure it is not what he ought to have passed. In short, to use his own expression, although he has occasionally had a scanty evacuation, he is convinced that “*nothing has gone through him.*” Upon examining the abdomen, you find some distension around the umbilicus, with a degree of tenderness on pressure. This last symptom varies from that slight shade in which the patient can hardly say whether the pressure relieves his pain or not, up to decided tenderness at the least touch. In mild cases the patient will tell you he feels very well, excepting the obstruction, but the knowledge of its existence makes him very uncomfortable. In other cases there is some degree of sickness conjoined, merely perhaps occasioned by the purgative draughts. In severe cases

the sickness is more permanent, mucus or bile being rejected from the stomach. In such instances we should expect the tenderness on pressure over the bowels to be greater, though still not in any degree approaching to what occurs in peritonitis. There will also be a rumbling of flatus in the intestines, and the patient will say he feels the wind pass downwards to a certain point and then stop. All this time the pulse is not perhaps accelerated; it is generally weak; the tongue is moist and often clean; the urine, provided the obstruction is not situated high up in the bowels, is not necessarily affected, though generally high colored.

Under these circumstances, and especially in the milder cases, the first thing perhaps that you do is to order a large enema to be thrown up. It is found to traverse the large intestine easily; the patient assures you that he feels it go as far as the ilio-coecal valve, and after a short time it returns without any tinge of foecal matter. The obstruction is not in any part of the colon, but somewhere in the small intestine.

What treatment should then be adopted? In the severe cases, where there is pain upon pressure, distension of a portion of the intestine, a rumbling of flatus and frequent vomiting, it will be said that the line of treatment is easily chalked out; that, whatever the cause of obstruction, we have inflammation superadded, and that our treatment must be directed to subdue the latter. This is quite true; and in such well-marked cases I did not think there would be much chance of the case being misunderstood. But we must remember that these severe instances of the disease are only the consequences of a continuation and aggravation of the symptoms of its milder forms. We must not forget that the most simple case of obstruction is liable to run into a fatal form, if, with a view of obtaining an action of the bowels, we are incautious in the prolonged use of irritating medicines. Finding that the patient's chief discomfort arises from the fact of the bowels not acting, that he professes himself as feeling otherwise well, we are, perhaps, rather too liable to fall in with his own fancies, and just give him one more dose.

Now, in these cases what ought we to do? In the first place, abstain entirely from all purgative medicines. It will be much better to err in not giving sufficient aperients, than to err in giving too much. The first thing to do is to compose the patient's mind by informing him that there is no hurry for the bowels to act; that if he waits patiently, they will be sure to act in time; to tell him instances of persons who have gone a long time without any action of the bowels, and have done well.

Next, in these cases of obstinate obstruction I have great faith in the lancet, where it can with safety be used. It has seemed that a slight degree of faintness, produced by blood-letting, has acted very beneficially in removing the exciting causes of the obstruction, probably by the general relaxation which the faintness itself occasions. By putting the patient in an upright position and bleeding him until he begins to feel slightly faint, I think we are quite safe not to do him any harm. If he is of a weak, nervous temperament, a very few ounces will produce the desired effect. If he be strong, he will afford to lose more. Where, however, the debility of the patient forbids the use of the lancet, it will be as well to apply leeches around the umbilicus. These act, probably, by relieving the local congestion, which is either the cause or the effect of the obstruction.

These measures premised, the safest plan is, I think, to put the patient upon repeated doses of calomel and opium. Even if inflammation be totally absent, the exhibition of these two drugs is likely to be attended with the best effects. The opium soothes the bowels, already irritated by the repeated cathartics: it allays the over-excited peristaltic action: it relaxes any contingent spasm, and quiets the patient's mind. To effect these objects, it must be administered in sufficient doses—such as gr. $\frac{1}{2}$ to gr. j. every four hours. The calomel, by improving the secretions, and exciting the action of the liver, tends to remove the cause of the obstruction. And if this happen to depend upon a partial enteritis, the combined action of these two medicines would hold out the best hopes of a successful treatment. If the calomel be sufficiently guarded by opium, there is not, I think, any fear of its producing any serious irritation of the bowels.

While using these remedies I should be in no hurry to accelerate the action of the bowels by aperients. I should rather wait until they begin to act of themselves, as they generally will; and then, provided no inflammatory symptoms were present, there would be no objection to administer a dose of castor oil to aid their propulsive efforts. In these cases it is also better to delay the administration of aperient enemata until the bowels are acting themselves. Previously to this they appear to add rather to the patients's discomfort, probably by the distention they occasion in the large intestine, which reacts upon the parts already distended by the obstruction.

When there is no tendency to sickness, it is better to allow the patient to take food, in the shape of gruel, by the mouth. It prevents that sense of sinking which he often experiences, and it probably acts in some degree mechanically in propelling the contents of the intestinal tube.

In those severe cases, where there is frequent sickness, with pain in the bowels, and a rumbling of flatus, the above measures will be still further indicated. But there will also be other things which it will then be necessary to attend to. In these cases it is of great importance to abstain from giving any food by the mouth for some days. A teaspoonful of cold water should be put into the mouth from time to time to allay the patient's thirst. His support should be entirely entrusted to beef tea injections. It is proved that these are sufficient to maintain the strength for some time—at any rate, for a period sufficient to allay the irritating symptoms, which forbid the exhibition of food by the mouth. This part of the treatment I am inclined to consider of the highest importance; for as long as food is continued to be administered by the mouth, and is rejected by vomiting, there will be little chance of arresting the inversion of the peristaltic action of the intestinal tube. The nutritive enemata should be of small bulk, not exceeding at the outside a quarter of a pint; otherwise, they will not only be retained, but they will add to the patient's sufferings. They should be administered at regular intervals of four hours. When there is much rumbling of the intestines, or when there is a difficulty as to the retention of the injections, it is advisable to add to them a certain portion of laudanum.—*Lon. Med. Gaz.*

Cost of the Doctorate in Paris.

The Union Médicale makes the following estimate of the cost of the degree of doctor of medicine in Paris: The collegiate education requires 7 years, and to obtain the two baccalaureate degrees, 2 years more are necessary; then the medical studies, properly speaking, will average 6 years; making a total of 15 years. The 7 years at college cost 1000 francs per annum, making 7000 francs; the 2 baccalaureates 320 francs; the 6 years at medical college 1200 francs a year, or total 7200 francs. Private courses of study 1000 francs; matriculations, examinations and diploma fee 1100 francs; instruments and books 2000 francs—making a grand total of 18,620 francs, or about \$ 3,724.

On Medicinal Cigars.

BY DR. LANDERER.

The employment of various organic and inorganic substances of a volatilizable nature in a cigar form, has frequently

been resorted to. In this way, stramonium, cicuta, Raspail's camphor and corrosive sublimate have been used by means of tobacco deprived of its nicotin. The great efficacy of this last substance in ulcerated syphilitic throat, in Dr. Landerer's hands, has rendered him very desirous of extending this form of medication. He prepared cigars, therefore, by moistening tobacco freed from nicotin with tinct. of iodine, a solution of iodide of mercury in sulphuric æther, or a solution of iodide of potassium. He found these cigars of great utility in syphilitic ulceration of the throat and in ozæna. So, too, by moistening the tobacco with an ætherial solution of hyoscyamin, he has relieved most obstinate spasmodic cough without inducing any narcotism. Among other substances tried, he found a solution of creosote in spirit of wine and æther, a very useful form in scorbutic ulceration of the gums. Cigars moistened with *tinct. moschi* relieved hysterical and spasmodic coughs; and a case of severe hysterical paroxysms, occurring in an irritable subject, was advantageously treated by the alcoholic solution of the acetate of morphia. Cigars formed of this substance are also very useful in the toothache. Arsenical cigars, formed by steeping the tobacco in Fowler's solution have also been employed, and Dr. Landerer believes that this form of medication might be extended to a great variety of substances.—*Buchner's Repert.* B. vi, p. 347.

Albuminous Enema of Nitrate of Silver.

Dr. Delioux, professor of materia medica at the medical school of Rochefort, who has presented to the academy a memoir on the influence which albumen exerts on the absorption and assimilation of mineral compounds, and on the employment of metallic albuminates in therapeutics, has also published an article in which he calls the attention of practitioners to the advantage which results from the association of albumen with nitrate of silver in diarrhœa.

In the first instance, Dr. Delioux, agreeing in that respect with M. Lassaigne, remarked that although the nitrate of silver at first precipitates albumen from its solutions, a great excess of albuminous solution redissolves the precipitate; again, that although the alkaline chlorides precipitate nitrate of silver in pure water, in the state of insoluble chlorides of silver, they are not precipitated in albuminous water; that, finally, in these two cases there is formed a compound of albumen and nitrate of silver, and consequently easily absorbable.

The albuminous lavements render great service in intestinal fluxes; they act as an emollient topic, but they are not

sufficiently efficacious when they are connected with a general or local state of a certain degree of gravity; in these cases the nitrate of silver acts much more energetically. It is a powerful modifying topic, and, as it acts as a substitutive or as an astringent, it is often sufficient of itself to dry up intestinal secretions when emollients fail. M. Boudin, who has extolled lavements of nitrate of silver (5 to 15 centigrammes in 150 grammes of water) in old standing diarrhoea with little sensibility of the large intestine, considers that they act even beyond the ileocecal valvule, and may modify ulceration of the small intestine, which in phthisis or typhoid fever, complicate those atonic diarrhoeas which it is so important to stop. Dr. Delioux, with reason, finds two faults with nitrate of silver: 1st, it sometimes occasions very violent colic, even in small doses of 10 or 20 centigrammes in 200 to 400 grammes of water, and more powerfully in greater doses, owing to its astringent and irritant action: 2ndly, unless a glass or porcelain syringe be used, and this cannot always be done, it acts on the metal, which turns black everywhere that the liquid comes in contact with it, which frequently alarms the patients, who can with difficulty be persuaded to take a medicament which is capable of acting on metal; moreover, the solution of silver is partially decomposed by the metal of the syringe, and the patient receives a mixture of a salt of tin and a salt of silver, a defective medicament, differing in quality and dose from that which the physician has prescribed. It is especially with the view of obviating these inconveniences and at the same time to give the patients the benefit of the therapeutical properties of the albumen as well as of the nitrate of silver, that M. Delioux recommends employing the nitrate of silver, either in the pure albuminous water or in albuminous water to which a little chloride of sodium has been added. When the proportion of nitrate of silver is very small, the chloride of sodium is useless; but if the nitrate of silver be employed in the proportion of 20, 30 or 40 centigrammes to 250 grammes of albuminous water, chloride of sodium must be added in the same proportions; for example, the formula for a lavement may be given as follows:

The white of one egg is to be dissolved in 250 grammes of distilled water: this solution is to be strained through a cloth, and 10, 20 or 30 centigrammes each of nitrate of silver and chloride of sodium are added. The two salts are dissolved separately in a very small quantity of distilled water. The solution of nitrate of silver is first poured into the albuminous liquid; at first a slight white flocculent precipitate is formed; the solution of chloride of sodium is then immediately added;

the mixture is stirred with a glass rod; the precipitate then disappears and the liquid resumes its transparency, or sometimes retains a slight opalescent tint, but deposits no precipitate. A soluble combination of nitrate of silver and albumen is formed, in which the chloride of sodium does not take any part beyond favoring and maintaining its solubility.

This solution of nitrate of albumen and silver should be prepared only at the time it is to be administered, because the reduction of the oxide of silver takes place with great promptitude by the action of light and of the organic matter. When kept, the solution acquires a black color, depositing metallic silver, and loses its therapeutical activity. It is also remarkable that this albuminous solution of nitrate of silver is reduced only very slowly by means of metallic plates, so that the tin of the syringe exerts no decomposing action on it. Dr. Delioux also affirms that his albumenonitrate of silver lavements cause no colic, that they have no appreciable topical action, or at least that they have not the astringent and irritating action of the lavements of nitrate of silver without albumen, which irritating action causes them to be immediately expelled, whilst the albuminous lavements are retained well and sometimes allow the intestine to absorb the whole, but always a portion of the salt of silver which may be carried to from 60 to 75 centigrammes at one time, without causing any irritation.

According to Dr. Delioux, as it often happens that derangements of the secretion of the intestine are not accompanied by any anatomical lesion of the mucous membrane, it is not without importance to provoke a dynamic action and to have a medicament which may be absorbed and does not act solely as a topical agent. Now the nitrate of silver possesses very well marked dynamic properties; it is an antispasmodic and a sedative; it is an alterant, and it may have a much longer action as a modifier of the nervous influx and of certain kinds of humoral dyscrasies than as a topical irritant agent. Moreover, in the cases where inflammation, ulcers, &c. exist, these do not constitute the whole of the disease, and the topical action is not all that should be kept in view.—*Bulletin Générale de Thérapeutique.*

On the Treatment of Itch.

The following discussion on the subject took place at a recent meeting of the Société Médicale des Hôpitaux:—

M. HARDY. On arriving at the Hôpital Saint Louis, I found the treatment of itch instituted in the following manner by

M. Bazin. The patient takes a bath on entering; in the evening he is rubbed with the sulphuro-alkaline pomade of Helmierick. On the second day, at six o'clock in the morning, another bath and general friction; on the third day a bath, and the patient is discharged cured. This treatment has failed in only six cases in seven hundred in which it was adopted. I have tried several experiments with the view of reducing the duration of the treatment, which evidently has no other object than to kill the acari, and I have been enabled to cure the itch in two hours. On the arrival of the patient, I cause him to undergo a general friction for half an hour with black soap. This friction has the effect of cleaning the skin and breaking the pimples. I afterwards give the patient a bath for an hour, and have him rubbed during this time to soften the epidermis and complete the rupture of the pimples; then I have him rubbed for half an hour with the ointment of Helmierick; all over his body. The patient is cured after this friction, which has killed the acari. I do not speak of secondary eruptions, which disappear after a few simple baths, and which are in no way due to the itch. Of 400 patients whom I have treated thus only four have suffered relapse. Of these four, two were infants who were not well rubbed, and two others might have contracted the itch again.

Of the 145 patients whom I treated in the month of June, I watched a dozen in order that the fact of the cure might be perfectly confirmed.

I may add that this rapid cure obviates the necessity of receiving the patients into the hospitals, who constitute a certain expense to the Hôpital Saint Louis, and who will be perfectly cured as out patients.

M. DEVERGIE. I do not deny to M. Bazin the merit of having considerably abridged the duration of the treatment of itch, but I may remark that in the year 1816, masses of patients presented themselves at the Hôtel Dieu afflicted with itch, and at that time Dupuytren employed frictions all over the body with sulphuret of potassium. Since then, this treatment has undergone singular oscillations: and at length only partial frictions were made, and only the hands and feet rubbed with ointment. I have doubted whether, in certain cases, it was not injurious thus suddenly to suppress a disease affecting a large portion of the surface of the skin, for, in certain cases, I have seen manifested, owing to sudden suppression of skin diseases, pulmonary congestion and even abscesses.

M. HARDY observed that he had seen boils appear after itch, but never serious symptoms.

L. REQUIN. M. Bazin cures itch in two days, and M. Hardy, in two hours; but for a very long time I have cured this affection in two minutes, and that by a means the invention of which is due to M. Aubè—by friction with turpentine. The friction should be general. This is a plan which I have employed for a long time, which I have always found successful, and which I am surprised has not been alluded to here.

M. HARDY. Turpentine is not free from inconvenience, and I think my plan excellent, because it is not only as insecticide as turpentine, but because it has the advantage of reaching the insects wherever they exist and breaking the pimples by the bath and friction.

M. TROUSSEAU. I quite understand the utility of breaking the pimples containing the acari, but, formerly, by Pihorel's method, the frictions were made absolutely only in the palms of the hands; the treatment lasted 18 days, and the patient was cured by a kind of sulphurous impregnation.—*Gazette des Hôpitaux*.

Spontaneous Combustion.

At a recent trial at the capital of the grand duchy of Hesse Darmstadt, in which the question of the possibility of spontaneous combustion of the human body was involved, Professors S. Bischoff and J. Liebig were called to give evidence on the subject.

Professor Bischoff, in reviewing the recorded cases of so called spontaneous combustion, doubted their authenticity; and both his evidence and that of Liebig are opposed to the possibility of such an occurrence.

In the *Nashville Journal of Medicine and Surgery* for October 1851, we find the report of a case of supposed spontaneous combustion, by WALTER J. BYRNE, M. D., of Russellville, Ky. In this case "the subject was upwards of seventy years of age, and for the last thirty years had been addicted to the use of ardent spirits, sometimes drinking enormous quantities, and was very fleshy." Nearly the whole of the body and the chair in which she was sitting were consumed before the "blue flame" was extinguished by throwing water on it. "The odor was strongly empyreumatic, and around her was deposited a fetid and moist fuliginous deposit of a greasy character." The subject had been left by her daughter sitting upon the edge of the hearth smoking a pipe. There was no fire of any consequence in the fireplace, and the little that

was there was well covered up with ashes, and was found unopened. A question now arises as to its being a case of pure spontaneous combustion. Could the origin of the combustion be attributed to the lighted pipe? Perhaps some of our readers may possibly be able to bring forward facts to throw light on this matter.

S. W. B.

Throat Diseases—Folliculitis.

BY IRA WARREN, M. D.

This disease made its appearance in this country, so far as is known, in 1830, and the attention of the profession was first drawn to it as a *distinct disease* in 1832. Some have supposed its origin to have had a hidden connection with the epidemic influenza, which spread over the civilized world in 1830; but this is only conjecture. In its early developments it attracted notice chiefly by its visitations upon the throats of the clergy. Hence its popular name of *clergyman's sore throat*. It was soon found, however, to attack all classes of persons, whether engaged in any calling requiring a public exercise of the voice or otherwise. It was more noticed by public speakers and singers, by reason of the greater trouble it gave them.

The disease consists simply in a chronic inflammation of the mucous follicles or glands connected with the mucous membrane which lines the pharynx, larynx, trachea, &c. The office of these little glands is to secrete a fluid to lubricate the air passages. When inflamed, it spreads an acrid, irritating fluid over surrounding parts, and excites an inflammation in them. This, if not arrested, ends in ulceration; the expectoration becomes puriform and undistinguishable from that of consumption, and the patient dies with all the symptoms of phthisis. Indeed, before its nature was understood by the profession, it was thought the most fatal form of consumption, because it could be affected only to a very small degree, if at all, by medicines taken into the general system.

When disease lays hold of those follicles in the larynx which supply a fluid for lubricating the vocal cords, and the secretion conducted to those instruments of speech is acrid and irritating, the voice becomes hoarse; and when at length the ulceration reaches the vocal ligaments themselves, the voice suffers a gradual and finally a total extinction. I have treated a large number suffering entire loss of voice, and am happy to say it has been restored in every instance.

The approach of this disease is often so gradual as hardly

to attract notice—sometimes for months or even years giving no other evidence of its presence than the annoyance of something in the throat to be swallowed or hawked up, an increased secretion of mucus, and a sense of uneasiness and loss of power in the throat after public speaking, singing, or reading aloud. At length, upon the taking of a cold, the prevalence of an epidemic influenza, or of an unexplained tendency of disease to the air passages and lungs, the throat of the patient suddenly becomes sore, its secretions increased and more viscid, the voice grows hoarse, the difficulty of speaking is aggravated, and what was only an annoyance becomes an affliction and a source of alarm and danger. The disorder clearly belongs to the family of consumption and needs early attention.

It is amusing to reflect upon the theories which writers were in the habit of constructing, a few years since, to account for the throat affection among the clergy. It was attributed by some to speaking too often, by others to speaking too loud. One class of writers thought it arose from high, stiff neck stocks; another, from a strain of voice on the Sabbath to which it was not accustomed on other days.

The cause of the disease lies deeper than any of these trifling things. So far as ministers are concerned, it may be expressed in two words—labor, anxiety.

The clerical order are placed just where they feel the force of the high pressure movements of the age. They are the only class of recognized instructors of adult men, and are obliged to make great exertions to meet the wants of their position. The trying circumstances in which they are often placed, too, in these exciting times, by questions which arise and threaten to rupture and destroy their parishes, weigh heavily on their spirits and greatly depress the vital powers. And when we add to this the fickle state of the public mind, and the shifting, fugitive character of a clergyman's dwelling place, and the consequent liability to poverty and want to which himself and family are exposed, we have a list of depressing causes powerfully predisposing to any form of disease which may prevail. As we have said, however, it is not the clergy only, but all classes of people who are afflicted with this dangerous malady.

The long and rather awkward name which Dr. Green has given to this disease is, "follicular disease of the pharyngolaryngeal membrane." I call it folliculitis, or, as this term does not describe its seat, follicular laryngitis, or follicular pharyngitis, according to its position.

Through a general lack of acquaintance with this disease,

it has been often confounded with bronchitis. But bronchitis is an inflammation of the mucous membrane which lines the bronchial tubes, and of course has no existence except *below* the bifurcation of the trachea. In strictness it is not a throat disease at all.

Folliculitis is also often mistaken for laryngitis. But this latter disease is an inflammation spread over the mucous membrane of the laryngeal cavity. Bronchitis and laryngitis affect *mucous membranes*; folliculitis, the *follicles* of these membranes. Each is a separate disease, and they are easily distinguished by one who understands them. They are often complicated and unite in one subject.

There is yet another form of these chronic diseases, with which many are afflicted. Inflammation sometimes begins behind and a little above the velum palati, in the posterior nares, or back passages to the nose. Thus seated, it generally passes under the name of *catarrh in the head*. It often creates a perpetual *desire to swallow*, and gives the feeling, as patients express it, "as if something were sticking in the upper part of the throat." When the inflammation is of long standing, and ulceration has taken place, puriform matter is secreted, and drops down into the throat, much to the annoyance and discomfort of the patient. Many times the sufferer can only breathe with the mouth open. Upon rising in the morning, a great effort is generally required to clear the head, and the extreme upper part of the throat. Even distressing retching and vomiting are sometimes induced by the effort to clear the back nasal passages. There is occasionally a feeling of great pressure and tightness across the upper part of the nose; and the base of the brain sometimes suffers in such a way as to induce headache, vertigo and confusion. The smell is frequently destroyed, and sometimes the taste.

If the inflammation be in the pharynx or larynx there is a similar sensation of something in the throat, but the desire is not so much to swallow it as to hawk it up.

Beside these chronic forms of disease, there are a number of acute inflammations which attack the air passages, and run a rapid and very dangerous course. Croup is well known as one of them. There is another, which attacks the mucous membrane of the larynx and epiglottis, which reaches also the submucous cellular tissues of these organs, and which often proves fatal in a few hours. The effusion of serum into the epiglottis, in consequence of a high state of inflammation of that cartilage, causes it to stand upright, so that it cannot cover and protect the opening to the larynx; and the lips of the glottis, distended by the same cause, approach each other,

thus closing up gradually the passage to the windpipe, and threatening immediate suffocation. It was this disease of which Washington died, as we learn from the clear account of the *symptoms* given by his medical attendants, though they mistook the disorder for another, the profession not being then acquainted with it.

Treatment of Throat Diseases.—Fifteen years ago, these disorders were thought to be incurable; and by all the appliances of medical art then known, they were so. But time has brought a successful method of treatment, as well as a clearer knowledge of their nature. The honor of first employing such treatment in this country belongs to Dr. Horace Green, professor of the theory and practice of medicine in the New York medical college. It had been previously used by Drs. Trousseau and Belloc, of Paris; but this detracts nothing from Dr. Green's just honors, as he had no knowledge of their discovery—for such it was—until after he had done the same thing on this continent.

This treatment, as is generally known to the profession, consists in topical medication, or the applying of the remedy directly to the diseased part. The medicinal agent more extensively used than any other is a strong solution of nitrate of silver. This substance is not, however, adapted to every case, other articles succeeding better in some few instances. Modern chemistry has given us a variety of articles, from which the skilful physician may select a substitute, should the nitrate of silver fail. This article has, however, proved itself nearly a *specific* for inflammation of mucous membranes, acute or chronic, not connected with a scrofulous or other taint of the system; and where such taints exist it will generally succeed, if proper constitutional remedies are used.

Instruments.—The instrument employed by most physicians is a piece of whalebone, bent at one end, to which is attached a small round piece of sponge. I formerly used this instrument myself, and am happy to know, that notwithstanding its defects, it was generally successful. Yet where the larynx has been highly inflamed, with a swollen and ulcerated condition of the epiglottis and lips of the glottis, I have found the singular powers of the *argent. nitratis* put at defiance by an irritation evidently produced by the sponge of the probang. Upon its introduction in such cases the parts contract upon and cling to it, and suffer aggravated irritation, almost laceration, upon its withdrawal, however carefully effected.

A case of this sort occurred to me in the person of a gentleman of great moral and intellectual worth, a teacher of a classical school, to whom I was called in Plymouth county, in August, 1849. He was at the point of death from starvation,

not having been able to swallow anything, not even water, for a number of days. The epiglottis and lips of the glottis were much swollen and deeply ulcerated, and the whole pharyngo-laryngeal membrane involved in a high state of inflammation. The first two applications of the nitro-argentine solution, made to the isthmus of the fauces and pharynx on Saturday evening and Sunday, so far relieved him, that on Monday morning he drank, with a sense of unspeakable satisfaction, a tumbler of cold water. Before I could see him on Wednesday evening, however, he was again sinking, the full activity of the inflammation having returned; and every subsequent attempt to introduce the sponge and to carry it down to the seat of the disease caused such irritation as to exhaust the patient. He sank and died, leaving a void in his neighborhood which it will be hard to fill. I feel confident that with the instrument I am about to introduce to the notice of the reader I could have reached the seat of the disease with so little disturbance of the parts as to have saved his life.

Such defects in the probang led me to contrive an instrument, which I call a *Laryngeal Shower Syringe*. It is in the form of a syringe, the barrel and piston of which are of glass. To this is attached a small tube, made of silver or gold, long enough to reach and enter the throat, and bent like a probang, with a globe at the end, from a quarter to a third of an inch in diameter, pierced with very minute holes, which cover a zone around the centre one-third of an inch or more in breadth.

This silver globe I daily introduce into highly inflamed and ulcerated larynges, generally without any knowledge of its presence on the part of the patient until the contained solution is discharged. A single injection throws a *very fine* stream through each of the holes in the globe, and thus all sides of the walls of the trachea are washed at once. Moreover, the smallness and smoothness of the bulb allow of its easy and painless passage through the rima glottidis, so as to bathe the walls of the trachea as low as the bifurcation, and even of the large bronchi. Physicians will understand the advantage of this in the case of ulcers low down in the trachea. They will see its advantage, too, in the case of croup in children, into whose larynges it is not easy to introduce the sponge.

The introduction of this instrument into the larynx is easy. Upon the approach of any foreign substance the epiglottis instinctively drops down upon the entrance to the larynx, guarding it against improper intrusions. It has been found, however, that when the root of the tongue is firmly depressed, this cartilage cannot obey its instinct, but stands erect, its

upper edge generally rising into view. Availing himself of this fact, the surgeon has only to depress the tongue with a spatula, bent at right angles, so that the hand holding it may drop below the chin out of the way, and as the epiglottis rises to view, slip the ball of the instrument over its upper edge, and then, with a quick yet gentle motion, carry it *downward* and *forward* between the lips of the glottis, and the entrance is made. I have often admired the heroic faithfulness of this epiglottic sentinel, who, when overborne by superior force, stands bolt upright, and compels us to enter the sacred temple of speech, *directly over his head!*

This instrument I have used with great satisfaction. A considerable number of physicians in different states have procured and are now using it.

For bathing the upper part of the throat I construct it with a *straight* tube, with holes over the outer portion of the globe, and extending to the centre. This washes instantaneously the fauces and pharynx, without throwing the solution back upon the tongue.

Inflammations in the back passages to the nose have been almost entirely inaccessible by any reliable healing agent, and consequently incurable. The probang could only reach a short distance, and caused great suffering. I have had this syringe constructed with a short bend, and the globe pierced with a few fine holes at the upper end. Carrying this globe up behind the velum palati, with a single injection I wash both passages clear through. I have had the pleasure of curing a large number of bad cases of several years standing, to the surprise and delight of the patients.

Many of these throat affections are connected with functional disturbance of the liver and stomach. In such cases the inflammation of the throat generally refuses to yield until the hepatic and gastric troubles are corrected. Indeed, in a majority of cases, the topical applications need to be accompanied, for the above as well as for other reasons, by a constitutional and alterative treatment.

One word respecting the tonsils. They are chiefly "an aggregated mass of mucous follicles," and in many follicular diseases they are found enlarged, inflamed, and sometimes indurated. In such cases they secrete a thin, unhealthy, irritating fluid, which is spread over the throat, increasing and perpetuating its disease. Much of this secretion, too, finds its way into the stomach, and thence into the circulation; and I am not sure that many cases of scrofula are not engendered by the poison thus conveyed to the blood. At all events, the throat seldom gets well in such cases until the tonsils are removed.

For the excision of these glands, I found the same lack of instruments as for making topical applications to the throat. The only one which had any claims to regard was the guillotine instrument, invented some years since by Caleb Eddy, Esq. of this city. It had, however, no facilities for drawing the tonsils forward. Generally, all that could be done with it was to *trim* the gland, which did little good, for it became again enlarged. I attached the bull dog tenaculum to it, with which I have been able to draw the tonsil from between the pillars of the fauces, and cut it through the root, so as to effectually prevent a second growth. As there were still some defects in this instrument, I have prepared an entirely original one, with which the extirpation of these glands is so easy and expeditious, and withal so little to be dreaded by the patient, as to leave, I think, little further to be desired in this line.

As bearing directly upon this subject, I will add, that about three years since Dr. Chambers of London reasoned, that if nitrate of silver have a specific influence over inflammations of mucous membranes, it would cure bronchial consumption, and perhaps other forms of that disease, if it could be got into the lungs. He accordingly made a powder of that article and lycopodium, to be breathed into the lungs. His account of it was published in the London Lancet, and has appeared in this journal.

In August 1849, I prepared the same powder; and not only in the cure of bronchial consumption, but in the treatment of the *first* and *third* stages of the tubercular form of this disease I obtain results from it which I can derive from no other article.

I also use lycopodium for preparing powders in the same way with sulph. of copper, crystals of nitrate of mercury, (sometimes useful in secondary syphilitic troubles of the throat,) iodide of potassium, &c.

For breathing powders of every kind I have constructed a neat inhaler, which consists of a glass tube and a receiver—the latter being something like a tube vial, perforated with holes around the lower end. The powder is poured into the receiver, which is placed in the larger tube, and twirled between the thumb and finger while inhaling.

In the bronchial forms of consumption the local disease is confined to the mucous membranes, and in the tubercular type the deposit *begins* upon the same tissue. Breathing medicine directly into the lungs is therefore the rational mode of attacking the local disease. The time must soon come when this form of treatment will be universally adopted. The mode of applying it will doubtless be improved, and the arti-

cles employed be multiplied. But we are on the right track, and the period may not be distant when this fearful malady, taken in proper season, will be held as curable as chronic diseases of the stomach or liver.—*Boston Med. & Surg. Journal*.

Boston, 1851.

Magnesia an Antidote for Poisoning with Copper.

M. Roncher, in an article upon this subject in the *Gazette Medicale de Strasbourg*, draws the following conclusions from experiments he made :

1st. That calcined magnesia will arrest entirely the symptoms of poisoning with copper, if it be administered sufficiently soon after the copper has been taken.

2d. That the dose of magnesia necessary to neutralize the salt of copper is 8 grammes of magnesia to 1 of sulph. copper.

3d. That as magnesia prevents the formation of the greenish soluble salt, it is quite probable that it will act as an antidote to all the salts of copper.—*Northern Lancet*.

New Sign that a Child has been Born Alive.

Dr. Virchow has announced that the presence of uric acid in the kidney, which may be detected with the naked eye, is conclusive of a child having been born alive. His conclusions are—

1. That uric acid deposit is never found in children born dead, or who have died within forty-eight hours after birth.

2. That the deposit does not occur before forty-eight hours after birth.

3. That is not generally found later than the twentieth day after birth.—*Ibid*.

Preservative Liquid against Syphilis.

BY M. LANGLEBERT.

After several fruitless attempts, says M. Langlebert, I made three successful experiments at the end of last month, with a liquid of which I give the formula below. I was almost convinced of the success of my discovery, when one of my pupils, M. R**, to whom I had spoken of it, proposed to me to subject himself to a decisive proof.

Last Monday, 14th July, I took some pus from the surface of a phagedenic chancre with an indurated base, and I immediately inoculated with it the left thigh of M. R**, then steeping my lancet again in the same pus, I scratched the right thigh in such a manner as to remove from a small piece the epidermis and a portion of the dermis. This done, wishing, for my own conviction, to put every unfavorable chance in the way of my process, I steeped the lancet again and again in the virulent pus, which I put, all hot, all alive, as may be said, layer on layer in the wound which I had made. I then waited five or six minutes, and I applied my preservative.

The next day the pus inoculated into the left thigh had produced its usual effect, whereas the right thigh presented only a small dry crust, covering the wound. M. Cullerier and M. Ricord saw this result.

On the third day the pustule on the left thigh was cauterized with mono-hydrated nitric acid.

Last Friday M. Langlebert made a public experiment on MM. Albanel and Moreau, two of his pupils, who spontaneously asked it of him, and on himself, and obtained the same success.

The following is the formula of the preservative liquid :

	grammes.
Alcohol at 36°, - - - -	40
Soft potasso soap, with an excess of base, -	40
Dissolve and filter; then add :	
Essential oil of citron, - - - -	20

This liquid is not caustic; when put upon the mucous membrane it causes a slight sensation of heat; the application should continue for two minutes, after which wash in cold water.—*Union Médicale*.

Febrifuge Tincture of Warburg.

Under this name a compound preparation is used in Germany, especially in Austria, which has a great reputation as a febrifuge, and of which the composition, according to the works of Pach, Azelt and Bikert, is as follows:

R Hepatic aloes, - - - -	4 grammes.
Zedoary root, - - - -	4 "
Angelica root, - - - -	10 centigr.
Camphor, - - - -	10 "
Saffron, - - - -	15 "
Rectified spirits of wine, - - -	100 grammes.
Digest, and add to the tincture per 100 grammes,	
Sulphate of quinine, - - - -	2 grammes.
20 grammes to be taken daily.	

Febrifuge Tincture of the Hospital of Vienna.

R. Aloes,	-	-	-	45 grammes.
Camphor,	-	-	-	6 "
Orange peel,	-	-	-	250 "
Helenium root,	-	-	-	250 "
Rectified alcohol at 0.830,	-	-	-	7500 "

Digest for eight days, and add to the expressed liquor :

Sulphate of quinine,	-	-	125 grammes.
Sulphuric acid,	-	-	75 "
Sydenham's laudanum,	-	-	45 "

Add, and filter. The patient is to take 8 grammes of this tincture before the attack.—*The Chemist.*

Treatment of Urticaria by the Sulphate of Quinine.

This is an eruptive disease, usually distinguished by elevations of the cuticle in the form of *wheals*; it is sometimes exceedingly obstinate, resisting all the means that may be brought to bear against it. We are induced to notice this affection because recently we have met with two or three cases that yielded only to large doses of quinine.

It is often quite simple in its nature, yielding readily to tepid baths, mild cathartics, and a restricted diet; but again, it is accompanied with much febrile disturbance, pain in the epigastrium, nausea, fullness in the head, and a burning sensation over the surface of the body; the face, hands and feet swell; the eyes are almost closed; the tongue is loaded with a white coat, and the itching is intolerable at times. Again, the eruption is accompanied with severe articular pains, all of which phenomena serve to complicate the exanthema and augment the difficulties of the case. Dr. Wickham and M. Legrouse, of the Hospital Beaujon, report some cases of the worst forms of urticaria, which were promptly cured by full doses of quinine, continued for two or three days.

Treated with quinine the articular pains, the painful tumefaction of the face, feet, and hands, the eruption itself, rapidly disappeared, together with the nausea, febrile excitement, and indeed all the distressing symptoms.—*N. O. Med. & Sur. Jour.*

Collodion in In-growing Toe Nail.

[M. Meynier, in Bull. de Therap.] Press down the fleshy portion, and pour between it and the edge of the nail a small quantity of collodion; this soon solidifies, induces rapid cicatrization of the ulceration, and when the disease does not arise from an abnormal shape of the nail, procures a cure.

Tracheotomy in case of Croup—Cure—Inconvenience of the prolonged use of the Canula.

BY M. MAISONNEUVE.

Weber, (Emile,) aged 5½ years, brought to the Hospital Cochin 26th June 1851, in the last stage of severe croup. Six days had already elapsed since the attack. Emetics had been administered freely, leeches had been applied to the neck, sinapisms to the feet and hands. At the moment when the patient was presented to M. Maisonneuve the patient appeared to be dying, respiration was performed with the utmost difficulty, the pulse was small, feeble and irregular.

M. Maisonneuve decided that there was not a moment to be lost, and without leaving the spot practised the operation of tracheotomy.

The operation was simple and rapid; in a moment it was followed by the expulsion of a false membrane three centimetres long and one and one and a half in width and very thick. A simple canula was introduced into the wound and fixed by a tape passed around the neck; then the little patient was placed in bed, where it immediately fell into a profound sleep.

M. Maisonneuve directed his interne to wash the canula—not to clean it except by first elevating it considerably from its position, and then afterwards to replace it—this manœuvre being much more easy and less fatiguing to the patient. These instructions were followed exactly.

The next day at the visit the little patient was perfectly calm; respiration was easy. In the night it had thrown up another false membrane, of nearly the same dimensions as the first. Auscultation revealed no grave implication on the part of the lungs; fever was moderate. The canula was again elevated, cleaned and replaced. On the second day it was removed altogether. M. Maisonneuve regarded the prolonged use of the canula in trachea as one of the most common causes of consecutive pneumonias under which so many little patients succumb after the operation of tracheotomy. Already, said he, have irritating injections and even simple aqueous injections been laid aside because they are observed to favor the development of the more serious inflammations of the more serious inflammations of the pulmonary parenchyma. Hence, the prolonged presence of the canula produces analogous inconveniences and effects. It can never be useful after thirty-six hours. The fact is, that the moment when the canula is removed deglutition becomes more easy and the little patient rapidly advances towards a cure.

July 8th, cicatrization of the wound was complete, and the 18th of the same month the child went out in a state of perfect health. It had increased in flesh in a remarkable manner, and spoke with as much facility as if it had never submitted to an operation.—*Gazette des Hôpitaux—Ohio Med. Surg. Jour.*

An Ovary removed by Mistake for a Labial Cyst.

At one of the late meetings of the surgical society of Paris, M. Guersant, chief surgeon to the hospital for children, brought forward a case in which an error in diagnosis was committed, and which ended fatally. The patient was a little girl, eleven years of age, who, ever since she was one year old, had in the left labium a small, painless tumor. Of late, however, this tumor had become troublesome, and interfered with walking. When examined, it was found of the size of a small walnut, situated in the thickness of the labium, and extremely movable, so much so that it could be pushed downwards to the most posterior portion of the labium, and upwards as far as the external ring. It was, however, impossible to press the tumor into the ring, which latter presented no abdominal dilatation. The tumor had a great deal of analogy with a testicle. M. Guersant looked upon it as a cyst, and resolved to remove it. A longitudinal incision brought into view a membrane much resembling tunica vaginalis, and having the aspect of the peritoneum. Through this membrane an ovoid body was observed, which was no other than the ovary; it was attached to a pedicle formed by the fallopian tube, which ran into the abdomen through the inguinal canal. M. Guersant placed a ligature on the pedicle, and cut out the ovary. Acute peritonitis occurred the very next day, and the patient died on the third day after the operation. M. Morel mentioned during the discussion that he had had an opportunity of seeing a tumor of the same kind in the labium, and formed by the ovary; no modification of size or sensibility was noticed to occur at the menstrual period. M. Lenoir stated that Pott has related a case in which the two ovaries were removed by an error in circumstances analagous to those of M. Guersant's patient.—*N. Y. Med. Gaz.—from Prov. Med. and Surg. Journ. Aug. 6th, 1851.*

Closure of the Fissures in the Bony Palate.

Dr. BAUER, a German physician and surgeon, brought before the medical society of London, two important improvements in operative surgery, which had been communicated to him by Dr. Buchring, the nephew of the late illustrious Dieffenbach. The first is an operation to effect an organic closure of the fissura palati dura; and it has been successfully performed, more than once, by Dr. Buchring, who appears to be its inventor. Dr. Mason Warren of Boston has proposed an operation for the same purpose, to be effected by transplanting a portion of the mucous membrane of the roof of the mouth across the fissure, and mentions some successful cases; but the operation has failed when tried in England, Germany, and in other countries. Up to the present time, only mechanical appliances by means of obturators have been used, to prevent the communication between the cavities of the mouth and nose, and the consequent diffusion of sound in speaking. Useful though the obturators may be, yet they are attended with many inconveniences to the patient. In this respect Dr. Buchring's operation deserves high consideration. It may be remarked, that he does not operate before the tenth, nor after the twentieth year, the bones being at that time of life in a comparatively elastic condition. The operation is particularly intended for fissures in the median line of the palate, the vomer not being in connection with either of the edges of the fissure; but modifications may be easily introduced hereafter to meet those cases where this connection does exist. A pair of forceps of a peculiar form are required to perform the operation. The patient is to be seated in a chair; the forceps are then introduced into the open mouth, one branch being passed into the nasal cavity, as near as possible to the alveolar process, while the other is to occupy a corresponding position in the mouth, so as to embrace the palate between the two cutting edges of the forceps. The palate is then to be cut entirely through, the opening made being of a corresponding length to the fissure. It ought not to extend beyond the hard palate posteriorly, and ought to leave its anterior portion entire. This opening is to be made on both sides of the fissure. A piece of leaden wire is then to be passed through one of the wounds into the nasal cavity, and so on, through the other, into the mouth again, where the two ends are to be bent upwards. The wire is to be gradually drawn together, the effect being, that as the edges of the fissure approach each other, the space between the margins of the

wounds will become wider ; or wedges of soft wood may be introduced into the wounds for extending them, instead of the leaden wire. When the edges of the fissure are near to each other, they are to be cut, in order that they may unite as in harelip, or caustic may be used to effect the same purpose by granulation. Of course, while this is being done, the same pressure is to be kept up until a complete consolidation of the cicatrix takes place ; the pressure being afterwards gradually decreased. The wounds will soon fill up with callus, and close.—*Dublin Medical Press.*

Case of Hermaphroditism.

Dr. Jno. Neill communicated to the college of physicians the following curious example of Hermaphroditism, in a black brought to the anatomical rooms of the University of Pennsylvania :

She was dressed as a female, and was apparently twenty-five or thirty years of age, judging by her teeth and general appearance. Very little information could be obtained concerning her habits and propensities. She resided among the degraded blacks in the lower portion of the city, and died from drunkenness and exposure, according to the verdict of the coroner's jury.

From a superficial view of the pelvis and genitals, almost any one would have pronounced the subject to have been a *hypospadiac male*, notwithstanding the large mamæ and the want of hair upon the face.

The breadth of the shoulders compared with the narrowness of the hips, and the form and development of the limbs would, alone considered, have indicated the male sex.

The representative penis was five inches in length, and one inch in diameter ; and the skin, prepuce, glans, corona, fossa navicularis, and orifice of the urethra presented an appearance like that of a penis. But, by lifting up or turning aside the penis, it was found that the fossa navicularis was split, and that the urethra was wanting. In the place of the urethra there was a groove reaching from the glans penis to an oblique opening in the perineum. The cuticle lining the groove was thin and shining ; it was also deficient in pigmentary cells. On each side of this groove there was a fold of skin commencing near the middle of the side of the penis, and stretching around the perineal orifice. The interior of this fold shewed it to be the analogue of the nymphæ or corpus spongiosum.

The perineal opening was the commencement of a passage

common to the bladder and vagina, and its diameter was equal to that of a common-sized catheter, although the orifice appeared much larger, owing to its obliquity.

The scrotum existed upon one side only. It was corrugated with transverse rugæ, and covered as usual with hairs and sebaceous follicles. To the touch it gave the idea that it contained two hard bodies.

Internal Organs.—These were completely female, though not perfectly developed. The dissection was commenced by opening the abdominal cavity, and the contents of the pelvis were examined in connection with the external parts.

The bladder was natural in position and size. There was no prostate, and the urethra was about one inch in length, and opened into the perineal passage.

The uterus was small but symmetrical; to its sides were attached the broad ligaments, holding in its proper relation to the rectum and bladder.

The Fallopian tube of the right side had no free and fimbriated extremity, but terminated in a sac which was adherent to the ovary.

The ovaries were small, spherical and corrugated; a section exhibited the usual fibrous tissues and vesicles.

The right round ligament of the uterus was exceedingly thick, and appeared to be muscular; but, upon examination with the microscope, it was found to be composed of white and fibrous tissue. It reached to the bottom of the scrotum, where it was firmly attached.

The *scrotum* contained an irreducible omental hernia, probably congenital. The hernial sac contained also a small, hardened mass, which was supposed to be a representative testicle, but it contained no true glandular structure or excretory tube. The vagina was of the proper length, but extremely narrow, especially where it approached the perineal orifice.

The above case would be classified under the head of "*spurious hermaphroditism*" in the female, according to Professor Simpson's article on this subject in the *Cyclopædia of Anatomy and Physiology*.—*Quarterly Summary of Translations.*

New Instrument for Remedying Malpositions of the Uterus.

Dr. Alexis Favrot submitted to the academy of medicine of Paris, in Oct. last, an ingenious contrivance, which consisted of an empty bladder, to be introduced into the rectum, and, when there, to be distended with air from another blad-

der, connected externally by a tube and stopcock to the former. By gradually filling the bladder in the rectum, the displacement, especially retroversion, is restored effectually and without pain.—*L'Union Médicale*.

Remarks on the Use of Nitrate of Silver in Leucorrhea.

BY NAPOLEON B. ANDERSON, M. D., OF LOUISVILLE, KY.

In the practice of medicine, the physician encounters many forms of disease which baffle all the resources of his art. Among those which have been a fruitful source of disappointment and mortification to the young practitioner, *Leucorrhea* is conspicuous. It has been treated by every conceivable mode, and in a majority of cases all the usual remedies have failed to relieve it. I have seen the lancet tried, with spare diet, laxatives, and the antiphlogistic treatment generally. I have seen it treated with astringents and tonics, local and general—have seen different patients take calomel, guaiacum, copai-ba, cantharides, arnica, lime water, myrrh, bark, rhubarb, steel, sarsaparilla, uva ursi, iodine, opiates, diuretic salts, cicuta, kino and the balm of gilead; seen them use injections of nitrate of silver, tannin, alum, sulphate of copper and zinc; seen the warm and cold hip bath resorted to, and all without effect. The inference is irresistible—the complaint has been treated empirically. We have been groping in the dark, without any clear conception of the morbid condition giving rise to the symptoms. We have been treating a symptom instead of a pathological state. As long as we pursue this course we shall be disappointed in the result of our curative efforts. But there is no longer an excuse for adhering to a blind routine practice in this complaint; we possess the means for acquiring precise, accurate knowledge concerning its seat, cause and character. The *speculum* enables us to do with the parts in which it has its origin what the unaided eye can do in the case of disease of external organs.

And yet, strange as it may appear, there are physicians who deprecate the use of this instrument. There are those who, with all the substantial aid it furnishes us, would proscribe its employment in every case. They maintain that it is indelicate; that it is shocking to female modesty, and hurtful to female virtue, and that what we gain over the maladies of our fair countrywomen society loses in morality. They fall in with the popular prejudice, which would confine obstetrical practice to the hands of females. They would have none midwives but women.

Now all this must strike sensible men as eminently absurd. Nothing pursued with reference to the promotion of science can be immoral in its tendency. Female modesty is in no more danger from examinations looking to disease than from the manipulations necessary in parturition. If it has gone unharmed through the long centuries in which male midwifery has been practised, it may be presumed that it will not be damaged by the use of the speculum.

Leucorrhœa is always a secondary affection. In the healthy state of the parts, the vagina and cervix uteri are lubricated with a fluid secreted by the lacunæ on their surface, and a serous exhalation from the membrane lining the cavity of the uterus; but while the parts are healthy, the absorption and secretion are so nearly balanced that no external discharge takes place. In *fluor albus* there is perverted as well as augmented secretion. There is increased sensibility of the parts, and a bearing down sense about the uterus, with pains, in some cases, in the rectum, the bladder, the thighs and the back. It is often attended with prolapsus uteri, and perhaps as often depends upon ulceration of the cervix. And how are we to make a correct diagnosis of each case? Shall we trust to the old methods, or call in the aid of the speculum? I deem that few practitioners will hesitate to avail themselves of all the light they can command in such circumstances.

In the course of the last year I have had an opportunity of treating forty-one cases of leucorrhœa, and the results have been so satisfactory that I feel justified in submitting my experience to the profession. I am sure that no physician after trying the improved method will ever be satisfied to return to the old practice of tonics and astringent injections. Not that tonics are not useful in their proper place. I have found them highly beneficial in many cases, but they are to be looked upon as adjuvants to the main remedy—the nitrate of silver locally applied. So long as the morbid condition giving rise to the unhealthy secretion continues, constitutional remedies are of no avail. The cause must first be removed, and at a knowledge of this, as has already been remarked, we must arrive by means of the speculum.

In nine cases out of ten which have come under my treatment, I have found no difficulty in obtaining the consent of the patient to the use of the speculum: the woman is then placed in a horizontal position, on a lounge or bed, the hips elevated higher than the head; a loose sheet is thrown over her person, in which is an aperture sufficient to admit the speculum; (that which I use is glass;) it is well lubricated, and then insinuated as far as possible into the vagina, following the axis of

the pelvis;—the os uteri readily descends into the mouth of the instrument, inclining backward and downwards, which, by depressing the handle, will remain in the centre of the instrument. In this position, before a window, or with the use of a candle, the organ can be viewed to its full extent, and the ulcerated surface found. In nearly every case it presents the same appearance. The neck is found flabby, swollen, and of a pale red and bluish cast—the anterior and posterior lips being much elongated, with the greater portion of the neck ulcerated to some extent. In about one half of the cases, the ulceration is within, as well as without the neck, and extends some distance into the cavity of the uterus, whilst in the remaining half, it is limited to an area of one-third of the neck, and anterior and posterior lips, the cavity not partaking of the ulceration. In every case, the ulcerated surface is to some extent the same, with but little sensibility about the parts; no pain is ever felt on applying the caustic freely, both around the neck and within the uterine cavity, for the mouth is always open sufficiently to admit of its introduction.

In the first place, the parts are cleansed with a soft sponge attached to a whalebone handle, in mop shape, after which the nitrate of silver, in the solid form, is applied very freely to every part diseased. This operation is repeated according to indications, from three to seven days apart, and during the interval, cold water injections several times a day are to be used conjointly with tonics. In some cases I have used the speculum as often as ten times, but in the great majority of cases, it is not necessary to resort to it often.

Those cases in which the ulceration was seated within the neck and cavity of the uterus occurred in weakly females, who had borne a great number of children, and some with the aid of forceps. In unmarried ladies, it was always seated on the external parts of the neck and the anterior lip. In the cases in which the cavity was implicated, the free use of the silver was not found to have interfered in the least with the catamenia.

In almost every case where a female does not bear children, I have found fluor albus to be present. Unquestionably this disease is a frequent cause of sterility, the ulceration of the neck and cavity interfering with the intromission of the semen, which passes away with the profuse discharge.

Western Jour. of Med.

Report of three cases in which Lactation was reproduced by the application of the Child to the Breast.

BY ARIEL BALLOU, M. D.

[Read to the Rhode Island Medical Society.]

CASE I.—In the autumn of 1836, Mrs. J. G., aged between thirty and forty years, of sanguine temperament, robust constitution, and the mother of several children, was confined. The presentation was natural, and no unusual circumstances attended her delivery. Subsequently she suffered from an attack of phlegmasia dolens in both of the lower extremities, attended with high febrile action, and, as is usual in such cases, extreme suffering. The secretion of milk ceasing early in the disease, the child was removed to a wet nurse, with whom it remained three or four months, during which time there was no return of milk. In the spring of 1837, the family being about to move a short distance from the village, where they could enjoy a better air and a more unrestricted exercise, the mother was anxious to take her infant with her, but did not like to deprive it of the advantages of the breast during the then coming warm season. I advised the mother to take her child and apply it to the breasts in the same manner she would do if she had a flow of milk, assuring her it was my confident opinion that in two or three weeks she would have milk, and a sufficient quantity, at least her usual supply.

She did so, and in about two weeks the secretion of milk was reproduced. She continued to nurse her child for more than a year, producing her accustomed quantity of milk.

CASE II.—Mrs. N. D., aged about twenty-five years, was confined in December, 1841. Nothing worthy of note transpired during her confinement and recovery. In April following her child weaned itself, in consequence of a sore mouth. Her milk soon entirely disappeared. In July following I was called to see her child, which was suffering from an attack of cholera infantum. Having lost several children about that time from this disease, I expressed my regret that the child was deprived of the benefits of the breast, adding, that in my opinion its chances of recovery were diminished in consequence.

The mother was informed of the course I had advised in other cases where it was desirable to reproduce the secretion, and of the results. On my visit the succeeding day, she informed me that she had applied the child to the breasts, and that it nursed and seemed pleased and more quiet; but she was not aware that any milk was obtained or that she had any for it. I advised her to persevere in the application of the child to the breasts, which she did, and the child recovered, and in the course of a week or ten days obtained a full supply of nutriment from the breasts.

The mother continued to nurse for months with as full and perfect a secretion of milk as though no interruption in the secretion had occurred.

The following case I report as having an important practical bearing on the treatment and disposal of a class of cases which occur in our community at the present day, to cure which, or otherwise dispose of satisfactorily to the physician, is often found difficult.

CASE III.—Mrs. O. H. H., aged about twenty-one years, of feeble constitution and nervo-lymphatic temperament, was confined in July, 1847. Previous to her accouchement she was troubled with chronic aphtha, red canker, or with that condition of the system which is well known as “sore mouth attendant on pregnancy and lactation.” Nothing unusual occurred at the time of delivery. No considerable loss of blood was sustained. As in similar cases, there was a remission of diarrhoea and sore mouth for a few days after accouchement, giving rise to a hope that, being relieved from the condition of pregnancy, she would recover the powers of digestion and the assimilation of nutriment, so as to enable the system to sustain the calls upon it consequent to lactation. But in the course of ten or twelve days after accouchement the sore mouth and diarrhoea returned with increased violence, producing great debility. The secretion of milk was copious. Her pulse 120; the tongue flabby; there were frequent copious dejections of yellowish water, the face and extremities bloated, &c. Fearing the worst results for my patient, I advised the immediate removal of the child from the breasts of the mother to those of a wet nurse, at the same time informing the parents that on the recovery of the mother she could at pleasure reapply the child to the breasts and have a full supply of milk, and be enabled to perform all the duties and functions of a mother for an indefinite period of time. The child was given in charge of a wet nurse, the milk gradually disappeared, and the patient recovered under the use of tonic remedies and a generous diet. Between two and three months after this the mother called on me, having the appearance of restored health, and inquired if she might now take her child home with a hope of realizing my former assurances that she would be able to reproduce her milk. I assured her there was no doubt in relation to such a result, and her ability for the future to nurse her child. She took the child, applied it to the breasts, and in the course of two weeks had a good supply of milk.

I met her some nine months after, when she informed me she was happy in the enjoyment of good health, and, to use her words, she “had as good a breast of milk as if she had never dried it up.”—*American Jour. of Med. Sci.*

THE
STETHOSCOPE,

AND

VIRGINIA MEDICAL GAZETTE.

VOL. II.

RICHMOND, VA., MARCH 1852.

NO. III.

On the use of Quinine—Its Properties.

BY M. P. SCOTT, M. D.

Mr. Editor—I have read with interest an article in your journal, by Dr. Madison, on the use of quinine, and its action in the cure of disease. Its legitimate sphere of action, he thinks, is in the treatment of intermittent diseases—all of which, he seems to think, require remedies *excitant* in their effects. For, says he, all experience proves, indubitably, sulphate of quinia to be an *excitant*, not only of the nervous but of the vascular system: as a tonic, it has both equals and superiors. He characterizes the practice of giving large doses as pernicious in the extreme in inflammatory diseases; that practice, founded upon the idea that quinine acts as a sedative, must be followed by the most fatal consequences. Entertaining such views, I can readily conceive that he thought it his duty to raise his voice to warn the young and inexperienced not to be led off by the prevailing *fashion* at the South.

He relies mainly upon four cases, which he reports, to sustain him in his views: these cases are highly instructive, and I think a proper analysis of them will sustain me in the opinion that I entertain as to the sedative action of quinine. We know so little of the beneficial action of medicines in the cure of disease, that it is not a matter of surprise that we cannot explain satisfactorily the *modus operandi* of this particular one which is under consideration; and therefore, it is not wonderful that there should be a difference of opinion relative to its mode of action.

Our ideas and opinions must be formed, in a great measure, from the results observed upon those diseases whose pathology we are best acquainted with: in this manner we have determined the antiphlogistic properties of mercury, and are enabled, by observing its effects upon secretion, and also upon the blood, to arrive at an approximation of its probable *modus operandi*. Thus has it been determined that antimony acts as a sedative, opium in small doses a stimulant, and in large a sedative; and it is by dissecting Dr. M.'s four cases that I shall endeavor to establish that the opinion he advances so confidently is erroneous—that quinine is not excitant but sedative when given in large doses. Let us examine the first case.

C., æt. 35, was seized August 29th with *severe inflammatory rheumatism*, involving the knee and ankle joints of the left leg. Symptoms—*great* constitutional disturbance; pulse 115, hard and bounding; tongue coated; constipation of bowels; local pain *intense*. Treatment—bled 3 xij. Calomel and jalap aa grs. v, morphia gr. $\frac{1}{2}$; warm fomentations to the part. August 30—Had not slept; pain lessened; pulse 112; cups to spine; colchicum and sulph. magnesia. Aug. 31—Better in the morning, but again seized with all the symptoms as violent as at first; cups as before; colchicum and magnesia. Sept. 1st—Did not sleep until morning, when the pain abated, and pulse fell to 100, but at night rose to 112, with return of pain. Seeing this *disposition to remit*, gave quinine grs. xv, and *digitalis* gtt. xv.

Now, Mr. Editor, what symptom in this case is there that would induce you to give an *exciting* medicine? What *reason* can be alleged for such practice? What would you excite? Not the vascular system, for the pulse is already 112 a minute. Not the nervous system, for the patient is suffering intense agony. What are the indications? I would answer—to calm the nervous exaltation which exists, and thus alleviate pain; to control the heart's action, and thus diminish the quantity of blood sent to the part, relieving the tension of the part, and its state of vascular congestion, thus favoring the resolution of the inflammation. The exhibition of quinine was followed by these results: the pain was allayed; the pulse fell to 80 beats per minute. So far then as this case goes I am, I think, authorized in saying that its action is sedative. But why combine *digitalis*, a remedy agreed by all to be sedative in its effects, controlling in an eminent degree the heart's action? Why, I ask, combine the two, if quinine is an *excitant*? The reason alleged about the disagreeable nervous sequelæ which follow the use of quinine, is not a sufficient answer why this

highly excitant and that great sedative should be combined; if this was so, they would in a great degree, counteract each other; in my opinion they did not neutralize each other, but acted in concert. I like the combination very much.

The opinion that quinine is a sedative is by no means new, nor confined to the physicians of our Southern country.* At an early date of its history, when it was introduced into Italy, numerous experiments were made, and many of the most distinguished of the Italian school regarded it as antiphlogistic in its effects. Later, M. Brequet, physician to the Paris hospitals, introduced the practice of giving it in large doses as a sedative. He tried it in putrid fever, pneumonia, pleurisy and *articular rheumatism*. In the treatment of the last disease he obtained great success; his practice was to give *very large doses*. He subsequently pushed his practice too far, and a few fatal results following, brought the practice into disrepute. These experiments were afterwards renewed by Andral, Monneret, Legroux and Trousseau—and, says Trousseau, “we can bear witness to its beneficial effects upon articular rheumatism.” M. Legroux came to the following conclusions: that in the treatment of articular rheumatism the action of quinine was rapid and certain in its effects; that pain and fever yielded with great rapidity; that the blood became less buffed, without having recourse to any other means of treatment; that endocarditis was less frequent; that the disease was as apt to return after this means of treatment as any other.

Trousseau arrived at the same conclusions, except that he does not think a return of the disease is as frequent under this as other modes of treatment. This difference he ascribes to his practice of continuing the quinine two or three days after the disappearance of all symptoms. His mode of administration was likewise different: he used it in doses of 4 or 5 grains frequently repeated.

He goes on further to state that its action is rendered much more decisive and certain after severe inflammatory action has been somewhat subdued by the administration of mercury in small and repeated doses for two or three days. Thus we see, from the testimony of the highest authority, that in the treatment of articular rheumatism its beneficial effects are very striking, pain is allayed, the heart's action controlled, fever and other constitutional disturbance abated. It is not necessary, I presume, to argue the inflammatory nature of rheumatism, all the symptoms exist which make an inflammation, together with an increase in the amount of fibrine of the blood, which we are taught by Andral to be a pathognomonic sign.

* Trousseau, Vol. II, Quinquina.

The *second* case related by Dr. M. was one of periodical retention of urine. He does not explain to us the cause of this remarkable retention, whether occasioned by spasms of the urethra, due to some local irritant, or to some cause acting upon the nerve centers, and manifesting itself by this spasm: if the former, then the indication for treatment it seems to me would be to remove the cause and calm the nervous excitement. If purely the result of nervous exaltation, a sedative and not excitant is indicated; quinine was given, dose grs xii, followed by relief of all disagreeable symptoms.

It does seem to me that in both these cases an *excitant* would have been erroneous; more especially quinine, if it is an excitant of the nervous and vascular systems. Why not have given with equal propriety a glass of brandy and water or small doses of chloroform, or ether, or laudanum: they are all excitants.

There is indeed a resemblance in the action of all these medicines, highly stimulating in small doses, and greatly sedative in large quantities: cold is at one time a stimulant, at another a sedative, according to the manner in which it is applied. How this is to be explained is yet a matter of speculation and investigation, whether the effect is produced by an arrest of the production of the vis nervosa, by a direct action upon the nerve centers, thus causing a direct sedation, or whether its first action is highly stimulant, exhausting the nerve centers of their vis nervosa in the same manner that we witness the effect of a stimulant applied to the limb of a decapitated animal, at first causing contractions of the limb, which will soon however cease, no matter how stimulated: if allowed to repose a few minutes, these contractions may be renewed by a stimulant application, ceasing as before. This is due to the exhaustion of nerve power caused by the frequent contractions of the limb: in the same manner as violent muscular exertion exhausts a person, rest and sleep restoring or allowing the vis nervosa to accumulate.

The fact that almost all those medicines which are sedative, do at first stimulate, as chloroform, ether, laudanum, &c. &c. would seem to strengthen the latter views—so, in diseases which are spasmodic in their character, we witness *remissions* and intermissions: recollect also the debilitated state of a person after an attack of epilepsy. To what is this due?

But, Mr. Editor, you will not thank me for filling up your valuable space by what some will call idle speculation, so I will return to the subject of my text, and take up case the 3d, which, according to Dr. M., is one of facial neuralgia.

Symptoms: face much swollen, great tenderness on pressure.

September 19—Applied a solution of camphor in chloroform. Considerable relief followed the application.

September 21—Pain as violent as before. R Rhubarb and magnesia and cerate of morphia.

September 22—*Swelling, pain and tenderness* much diminished, no fever, appetite good.

September 23d—*Pain agonizing, skin hot and dry, tongue coated.* Ordered *mercurial* cathartic, continued the cerate, warm applications.

September 24—Pain dull, skin cool and moist, pulse 80; quinine xv grs. digitalis gtt. xij.

September 25.—Convalescent.

With all due deference to the opinion of Dr. M., he does not make out a case of neuralgia, but rather one of inflammation of the parts, which yielded under an antiphlogistic treatment; that there was no necessity for quinine to act as an antispasmodic, that periodicity for which he thinks it so applicable not being fully established. On the 24th pain was dull, skin cool and moist, no fever; the indication, it seems to me, would now be for some sedative to allay nervous irritability. I think that in this case it is clear that the quinine fulfilled that indication; surely there was none for an excitant of the nervous and vascular systems, as he considers this medicine to act in large doses, or perhaps he does not consider xv grains a large dose. I said above, the Doctor had not made out a case of neuralgia. What are the symptoms? *Pain, swelling and tenderness* on pressure, fever, skin hot and dry, tongue coated. Here we have an assemblage of symptoms which would rather lead us to pronounce the attack inflammatory in its nature. In neuralgia there is acute pain, which is intermittent; there is neither swelling nor tenderness on pressure, nor fever, which enable us to distinguish it from an inflammation; therefore I am, I think, justified in saying that the case before us was inflammatory, and that a cure was completed by the sedative action of a large dose of quinine combined with digitalis—xij grs. of the former and gtt. x of the latter. Is not the deduction rational? Is it not deducible from the symptoms of the case before us? Again, I call attention to the combination of digitalis—a sedative, we all must admit.

The 4th case was one of dysentery, which was at first treated with opium, acetate of lead and tannic acid, followed by temporary relief. "He was now troubled with a rise of fever every night, great tormina and tenesmus, with *spasm* of the rectum: quinine grs. xij, *digitalis* gtt. x—convalescent." To what was this pain and *spasm* due? Was it not to the irritation caused by a state of active congestion of the rectum? What was

the indication for treatment? Was it not to calm the nervous excitability and to control the heart's action, and thus favor the production of resolution? Surely there was no indication for an *excitant*, yet the exhibition of this exciting medicine, that he would have us believe quinine to be, was followed by relief of pain: the spasm was allayed and the dysentery cured. I think that Dr. M. has been very unfortunate in selecting the foregoing cases in support of his views. It will be observed that these cases differ entirely from intermittent diseases: in all of them except the 2d we have symptoms of inflammation, and so clear are they that the seat of each attack is pointed out; indeed Dr. M. styles the first a case of severe inflammatory rheumatism, and as such it was treated; and being thus treated, it is not very wonderful that there should be an abatement of the disease, but not calling for an *excitant*.

This subject is matter of fair argument, and one which is to be settled by observation and experience; and I was glad to see that Dr. M. was not content to argue abstractly, but gave us the result of his experience in the treatment of four very interesting cases. I only regret that I cannot do the same; but my experience with quinine in large doses has been very limited.

February 1852.

On Large Doses of Quinine in Fever and Inflammation.

BY OTIS FREDERIC MANSON, M. D.

The readers of this journal have had presented to their notice two articles on the exhibition of quinine as a *sedative* in exalted conditions of the nervous and vascular systems: the first by the writer of this paper, in the February number of the first volume, and the second, the leading article in the January number of the present year.

The views and opinions expressed in these essays being totally opposite and contradictory, we propose to give the subject a farther examination, confident of the truth of our doctrines, and deeply impressed with the importance of their being sustained.

In our paper we declared that after great experience with this agent, we found that "given in full and free doses of from twenty to thirty grains in the exacerbation of fever, quinine reduces the pulse in frequency, fullness and force, removes local determination to the head, chest and abdomen, thereby relieving pain, restlessness, nausea, vomiting and diarrhoea, producing generally a copious, warm diaphoresis, and, in

short, expels fever and all its train of symptoms safely, surely and expeditiously, in a period of time varying from four to ten hours from its administration." We also said: "Where blood letting, both general and local, assisted by the other usual antiphlogistic measures, had failed in arresting cerebral inflammation, quinine in a few hours completely arrested the progress of the disease, reducing the pulse, calming delirium, promoting free diaphoresis and inducing sleep, from which the patient would awake to a speedy convalescence;" and in addition it was said, "I have given it in the chill, in the height of the paroxysm, and the decline, complicated with indisputable evidences of organic lesion of the cerebral and abdominal organs, without any injurious effect in any case."

We here reiterate these statements. An endemic fever, (1851) characterized with alarming tendency to inflammation of the brain, in which quinine rescued the patient where all other means were inadequate, having occurred since our first article was penned, has only served to increase our faith in this priceless gift to humanity. We therefore assert every word of our former declarations to be true—truths based upon our own observation—observation confined to no isolated cases, but to hundreds, and extending through a series of epidemics.

But what says Dr. Madison, *per contra*, in the paper alluded to?

We pass over his introductory reflections on the subject of "credulity," not perceiving anything germane to large doses of quinine; and with due admiration for the results of his antiquarian research, contained in the information (not to be found in any student's horn book) "that the cinchona bark, from which the substance *quinia* is extracted (!) has derived its name from the Countess of Chincon," we come to the pith and marrow of his article. He says, "The practice of exhibiting this medicine in *enormous* doses as a *sedative* in inflammatory affections, and as an able adjuvant to the lancet, is becoming to a considerable extent *fashionable* with physicians, especially at the South."

Now we aver that the practice of giving enormous doses of this medicine is but rarely heard of in the South at this day. It is true, that on the first introduction of free and full doses some persons abused it, as some persons will abuse everything, but we are ignorant that any physician of reputation in the South at the present time, uses or recommends *enormous* doses in the treatment of any disease; but as a *sedative* it has been gaining ground for 25 years; that it possesses *sedative properties* has become to be regarded an *ascertained fact*, founded upon the joint experiments and observation of num-

berless distinguished Southern and Western physicians; and to deny this, is to deny a fact as well attested as any in the records of medicine. No collusion, no fraud, no *FASHION* has been evoked to disseminate this *new* property of this remedy, so valuable before; but testimony as strong, as positive, as numerous as ever substantiated any human proposition, springing up spontaneously, from Florida to Missouri, has demonstrated its reality beyond the fear of cavil.

But, says Dr. M., "This practice I consider as pernicious in the extreme, for *all experience* indubitably proves the sulphate of quinia to be an excitant, not only of the nervous but also of the vascular system."

Now we beg leave to differ with the Doctor *in toto*, in this bold assertion; and passing over our own experience, as we prefer rather to be counsel in this cause than witness, and in our stead will first call to the stand Dr. Sam'l Cartwright, formerly of Natchez, and now of New Orleans. But so singularly oblivious some seem to be of any merit in Southern men, they may enquire, Who is Dr. Cartwright? He is thus gracefully introduced by the accomplished editor of the N. O. Med. and Sur. Journal: "Dr. Cartwright's extensive experience in the treatment of Southern diseases, his literary and scientific attainments, and his valuable contributions to practical medicine, entitle his observations to profound respect. His views are such as have been proclaimed by this journal from its commencement." Now, what says Dr. C. in the address of which the above is an introductory endorsement?

"Drs. Perrine, McPheeters, and Dr. Metcalf, our worthy president and your humble speaker, nearly twenty years ago, (this was spoken in 1846,) introduced the practice of giving quinine in our paroxysmal fevers, much in opposition to Northern opinion. In 1826, Dr. Perrine, in his own case, took during the febrile paroxysm, 8 grs. of quinine, which *reduced the pulse*. Soon afterwards, Dr. McPheeters adopted the practice of giving quinine during the febrile paroxysm. In 1827, Dr. McPheeters and myself used the quinine very extensively in large doses in an epidemic characterized by very frequent pulse and great determination to the head."

We also present another witness, Dr. S. N. Harris, Bryan county, Ga.: (Jour. of Med. and Phar., Vol. II. 613)—"The writer feels justified in saying that quinine, when exhibited in a single dose of from 10 to 20 grs., *does not develop that excitement* consequent upon the exhibition of the same quantity in repeated one and two grain doses. It follows, therefore, that in the pyrexia the remedy, like opium, should be exhibited in *full sedative doses*."

Says Dr. Merrill, Pres. Memphis Med. society :

“Quinine in proper doses always acts, under favorable circumstances, as a *contrastimulant*.”

Says Dr. McCormick, (surgeon U. S. Army :)

“I doubt greatly if the general introduction of large doses of quinine in fever will not prove a greater blessing than vaccination.

“I will endeavor to give a fair and impartial account of its action in *many hundred cases*. I regard it in large doses as a sedative. I can aver from *long experience* that I have never known it to *increase* inflammation, and that I have given it freely under all circumstances, and am fully satisfied from observation that it not only has no power to retard the cure of *inflammation*, but that in fact its tendency is to *accelerate it*.”

I have used the sulphate of quinine in the treatment of all kinds of fever: I have used it in large doses in acute and chronic rheumatism, in neuralgia, in tetanus, in dysentery, diarrhoea, cholera morbus, cholera infantum, asthma, icterus, measles and scarlet fever—“in all of the stages of fever”—and in fevers complicated with various *local inflammations of the head, chest and abdomen*, and have never witnessed any injurious effects when given in large doses. “It will be found to *lessen the force of the pulse*, diminish the heat and dryness of the skin, and throw out on the surface a general warm and free perspiration: *in short, in a few hours to cut short the paroxysms*, and arrest the further progress of fever.”—“I have seen it allay pain, inordinate muscular action and restlessness. In neuralgia, odontalgia and acute rheumatism, it allays all pain as speedily as opium, and it often acts not only as an *anodyne*, but as a *soporific*. In a case of agonizing pain, brought on by the crown of a large jaw tooth having been broken off in a violent effort to extract it, this remedy gave immediate relief, in a dose of 10 or 15 grs., where a large dose of opium failed.”

Says Dr. W. J. Tuck, Memphis, Tenn. (*vide* N. O. Journal, vol. ii, 302 :)

“The mode of treatment of remittent fever by large doses of quinine was not alluded to, so far as I can remember, during an attendance on two courses of lectures in Philadelphia in the winters of 1839-’40; and the first time I ever became aware of it was through the conversation of a young gentleman from Alabama, who was my room mate, and who had determined to write a thesis upon the success of this mode of treatment, from which I attempted to dissuade him, as his views were so contradictory to what I had been taught, and believed to be the opinion of the professors; and I feared

that such ultra notions might occasion his rejection. By my own preceptor, a distinguished physician of Virginia, I had been taught (and this, so far as I was acquainted, was the opinion of the most eminent professors in the country) that the smallest quantity of quinine would be almost certain death if administered in fever. Removing to the southwest in 1840, I had the opportunity of meeting with some distinguished physicians of *enlarged experience*, and who for a number of years had employed quinine in large doses, with the most signal success. Instead of fearing to give quinine when there is febrile excitement, hot skin, frequent pulse, headaches, &c., as we are taught by the writers on materia medica, and looking upon it as a *stimulant* and *irritant*, we are forced to the *conclusion* that this medicine in large doses acts as a **SEDATIVE**.

We add Dr. Tuck's quotations: 1st. From Stokes and Bell's Practice—"A large dose acts at once or very soon on the nervous system, and by diffusing the **SEDATIVE** influence through all its parts, it completely allays irritation and *induces general tranquillity* of the functions." 2d. From Dunglison's New Remedies—"A case of remittent fever has been detailed by Dr. Thomas Fearn, in which he gave at one dose 32 grs. At the end of an hour there was *diminution* of the *frequency of the pulse*, the *inevitable effect* of large doses of quinine when its operation is favorable."

"*Quinine in Puerperal Fever—(Note by the Ed. N. O. Journal.)*

"Some of the Parisian physicians, it would appear from a late No. of *L'Union Médicale*, have become as great quininists as even the practitioners of New Orleans. Dr. Lecomte (D'Eau) reports 9 or 10 cases of puerperal fever, well characterized, in which he resorted to the free and frequent administration of quinine in the early stages of the attacks: his success was complete, and convalescence both rapid and easy. Dr. L. gave in the course of a few hours one and a half *grammes*, together with mercurial frictions, &c."

We could multiply our quotations *ad infinitum*, but we fear we already have wearied the reader with our numerous extracts, as they are merely echoes of each other; and the numerous hints of our worthy editor, who considers that "*brevity is the soul of wit*," are still ringing in our ears.

But, says Dr. Madison, "Occasionally, when administered in certain morbid conditions of the system, it has been known to produce *diminution of the heart's action*."—"But may not this fact be *justly ascribed* to the intense excitement of the quinine acting in such a manner as to obtund the nervous power of the brain and to paralyze its energies? Everybody knows

that the most powerful stimulant when given in excess will produce sedation, and yet no one would be rash enough to resort to such means as a cure for an inflammatory affection."

Now, our author sets out with denouncing *theories*, but compelled to admit that quinine in *certain morbid conditions produces sedation*, very ingeniously reiterates an exploded theoretical objection advanced in this journal, I believe, before and often previously. Oh! ye quininists! see what a roundabout means ye take to control the heart's action; ye first excite it to madness in order to calm it, ye first make it drunk with stimulants that it may endure the horrors of a feeble return to sobriety, hoping, we suppose, that whilst "*in the gutter*" the disease may quit in disgust. Ah! what a scientific illustration! so beautifully exemplified in the career of every jolly fellow who has "*made a night of it.*" But with all due credit for this masterly elucidation of the action of this remedy, we are so unreasonable as to dispute every inch of the ground taken, and we most respectfully enquire, Has Dr. M. ever given a patient 20 grains of quinine with the effect he describes? Did he feel the pulse ascend too high, and then descend too low?

Thus far we have endeavored, as briefly as possible, to substantiate our views on the use and action of large doses of quinine, from the highest authorities—the highest, because the witnesses are intelligent, scientific men of indisputable character and talents, who simply testify to what they have seen and felt and know; but before leaving the subject, we deem it our duty to add that such a potent agent as quinine must necessarily do harm when injudiciously used. Bearing in mind the depressing influence it exerts upon the circulation in large doses, it is therefore contraindicated when the action of the heart is below the normal standard. Agreeing with the received authorities on the *materia medica* as to its effects in small doses, it is superfluous to add anything in that regard. Concerning the *sedative quantity*, it is now generally conceded that doses of 10 to 30 grs. are amply sufficient for the large majority of cases, repeated at long intervals, as required. That quinine possesses toxicological properties is too well attested to admit of a reasonable doubt. In what quantity it is necessary to be taken to produce death is uncertain, but it should be remarked that no *reasonable quantity* has yet produced poisonous effects. M. Melier relates several cases in the 10th vol. *Memoires de l'Academie de Medicine*, in which this salt was given in the most enormous quantities, and which produced the most appalling effects. "Dr. Bazire administered to himself by the mouth and by the rectum, 900 grs. of sulphate of quinine (60 grammes) nearly 2 ounces, and after-

wards took, during the space of eight or nine days, 5 ounces, with the following effects: His respiration became frequent, and resembled that of a man attacked by a grave pneumonia, terminating in hepatization; his pulse was small and irregular, and his extremities cold: when he had taken five ounces, M. Reveillon found him covered with cold sweats, completely deaf and blind, his breathing difficult and rattling, stupor and countenance besotted, but when aroused his replies were relevant. He soon sunk and died." Before taken ill himself, he administered to Madame Bazire, his wife, 615 grains, (41 grammes :) she recovered after a tedious convalescence, with impaired vision and hearing. We relate these cases to shew what vast quantities of this medicine it requires to produce death. The case of Madame Bazire only serves to illustrate the enormous quantity the system will bear without annihilation. Several instances can be adduced of doses of from 100 grains to an ounce being exhibited without permanent bad effects, but such procedures are not likely to be imitated, and offer no objection to the rational use of the remedy.

Granville County, N. C.

For the Stethoscope.

On Phthisis Pulmonalis--Report of a Case.

BY J. LEWIS DORSETT, M. D.

What Horace wrote of *pallida mors* will apply with much force to this disease, for it knocks with an equal pace at the cottages of the poor and the palaces of kings. It claims for its victims the young man of towering genius, the blooming maiden from whose brilliant eyes beams the soft effulgence of intellectual light, the affectionate father, and the fond mother whose heart is all tenderness and love. It invades the sanctuary of domestic joys, and with ruthless hand snatches away its brightest ornaments. Yes, in the beautiful language of Bulwer, it takes from us "bright forms of human beauty, leaving the thousand streams of our affections to flow back in alpine torrents upon our hearts!" It then becomes a matter of the deepest interest to us to ascertain by what means we may wrest our patients from the firm grasp of the fell destroyer, or rather how to stay his progress by *diminishing* the strength of his greedy hold. For were I asked, Is consumption curable? I should reply, That question remains with me *adhuc sub judice*. After all I have read, heard and observed, I can only say that I believe the cases are "few and far between," which

have been effectually, radically and permanently *cured*. I believe that often the sufferer's life may be greatly prolonged and rendered comparatively comfortable by the timely and well directed employment of remedial agents. There may be exceptions, however, to the doctrine of its incurability in cases of very limited *tuberculosis*, where, after the expulsion of the tubercle, the walls of the *vomica* have been *ceiled up*, as it were, through the agency of the *vis medicatrix naturæ*, by a *cicatric* membrane formed out of the *plasmatic* material of the blood.

My object in writing, however, is to give a few of the particulars touching the following case, as far as memory shall be able to recall them, not having entered them in my case book, from the fact that I had scarcely any hope of his recovery, presenting, as it did, a prognosis which generally "foretells the ending of mortality." It is his *restoration* to a reasonable portion of health and strength that gives the case nearly all its interest.

Mr. C., married, about 36 years of age, light hair, blue eyes, florid complexion and a member of very consumptive families, both on his paternal and maternal side, his father and a sister having died of it, and I know not how many members of the correlative branches of the family. Symptoms of a consumptive proclivity have been legibly written on his constitution for years, but not until last September did they appear in a violent and alarming form. He was taken with a chill, succeeded by fever, intense pain in the hypochondriac region of the right side, headache, foul tongue, almost incessant cough, and pain located by himself about the right *sub-clavicular* space. The indications of treatment were to correct the disordered state of the hepatic function, subdue the fever and relieve him of pain, which were partially accomplished in eight or ten days by the use of mercurials, vesicants, anodynes and diaphoretics. R. Massæ hydrag., pulv. rhei. et sapon Hispan. aa grs. v, hyd. chlorid. mit. gr. i. M. Ft. in pil. et sume—to be repeated once in 24 hours, or *pro-re-nata* as long as the yellow coated tongue and indications of deranged liver shall demand its use.

With a view of diminishing the fever attended by a hot, dry skin, R. Liq. potass. cit. f ʒss. spts. ætheris nit. f ʒj., Fiat haustus, p. r. n. repetendus.

Under similar circumstances the following combination seemed to act very favorably: nitrate potassa grs. 5, one tenth of a grain of tartar emetic, and one of pulv. ipecac. But the most potent remedy for good was, I think, counter-irritation. A most marked and speedy abatement of pain fol-

lowed the application of a large blister over the right hypochondrium. Vesication over the subclavicular region was subsequently resorted to for the purpose of removing the pain of which he complained, as extending posteriorly to the scapula. Afterwards I was induced to believe, from the closer proximity and more intimate connection of the thoracic viscera with the posterior than with the anterior portion of the chest, that the application of a blister along the *intra-scapular* space would prove more decidedly beneficial, and the *experiment* was followed by a very gratifying result.

On the third day of his illness a most copious expectoration commenced, indicating by the sputa, etc. the existence of circumscribed pneumonia, caused, I think, by tuberculous irritation. Paroxysms of violent and *exhaustive* coughing would come on, when a nauseatingly offensive gas would rush into the *posterior nares* and out of the nose and mouth, which was severe on the olfactories of visitors; and then came the copious discharges of the most intolerably *fetid* muco-purulent and tuberculous matter, lumps of which I know not what I can more aptly compare its resemblance to than to old white cheese or cerebral matter, or perhaps better, to *concrete albumen* arranged in concentric layers. At times the dyspnoea was so great that I was apprehensive that it would end in fatal apnoea. After these large pulmonic evacuations, he said the "air seemed to enter his lungs too suddenly"—"it appeared to him he was breathing through a hollow log." After the acute stage had passed, the following sedative tonic and expectorant prescription was given him, with some degree of confidence in its remedial virtues: R. Infu. cort. pruni virg. f 3 ij, syrup. senega et tinct. cimicif. aa f3 ss. Fiat haustus, semel sextis horis sumendus.

To promote sleep and check night sweats, pulv. Doveri grs. x; and to correct the abnormal cutaneous secretion, I thought acid sulph. arom. gtt. xv was also productive of good effects. But the subjoined prescription produced the most decidedly beneficial influence in more permanently arresting both the nocturnal perspirations and the diarrhoea with which he was troubled: R. Pulv. ferri sulph., pulv. alumenis aa grs. ij., syrup. q. s., ut fiat electuarium, bis quotidie sumendum.

I was induced to try this remedy from having read the following observations from the pen of Dr. S. G. Morton:

"The Moors of Africa, among whom consumption is common, have a practice of controlling diarrhoea by means of two grains and a half of alum with an equal portion of sulphate of iron, given in a powder. Having mentioned this to Dr. Pitcher of the United States army, he subsequently in-

formed me that he put it in practice on two soldiers who appeared to be dying with diarrhoea consequent to phthisis, and that both men were so greatly relieved as to be able in a short time to resume their duties in the garrison."—(Mackintosh's *Prac. Med.*, 4th Amer. ed., p. 430.) Influenced by M. Bernardeau's favorable report of it, I gave him minute doses of tartar emetic combined as in the annexed formula: *R. Antimonii potassio-tart. gr. j., hyd. chlorid mit. grs. ij, pulv. ipecac grs. vi, pulv. glycyrrh. grs. xij. Misce et fiant pilulæ xxiv, unam ter die sumendam.*

As other remedies were suspended, and some amelioration attended its employment, it may, possibly, have done some good. According to his own statement "it helped him right smartly." It was hardly a fair experiment, as the medicines conjoined in the prescription, though not very active, may have *helped* it a little. He has taken nearly eight bottles of Sime's cod liver oil. And here I would remark, that I am very much inclined to doubt that the *oleum jecoris aselli* possesses any direct remedial virtues. From my knowledge of it as a therapeutical agent, both in Virginia and in the Philadelphia hospitals, I have never been able to satisfy myself that it exerted any other favorable influence than that of giving an *impulse to nutrition*, thereby strengthening the vital powers, and enabling the recuperative energies of the system to resist more effectually the extension of the tuberculization. To avoid becoming too prolix, I give only the more prominent symptoms of the case, with the leading indications of treatment, leaving it to the intelligent physician, (and such are, I believe, the readers of the *Stethoscope*,) by his enlightened judgment, skill and tact, to modify and adapt them (the medicines) to the peculiar circumstances of each case of the parallel ones that he may meet with.

REMARKS.—Dr. P. M. Latham says, "Pulmonary consumption is no more than a *fragment* of a great *constitutional* malady, which it would be in vain to think of measuring by the stethoscope, and which it belongs to a higher discipline than any mere skill in auscultation rightly to comprehend." (*Clinic. Med.* p. 133.)

We know that a person may die of intestinal, peritoneal, mesenteric, or vertebral consumption. This may recall to the minds of some the language of Shakspeare,

"The life of all his blood
Is touched corruptibly."

The diarrhoea, meteorism, and the derangement of the gas-

tric and hepatic organs, in the case referred to in this paper, give "confirmations strong," of the constitutional character of the disease. I would take occasion here to state that every one who wishes to be inducted, by an original, master mind, into a knowledge of thoracic diseases, would do well to *study* Latham's little work entitled, Auscultation and Semeiology. I cannot insist too strongly upon the importance of counterirritation in this affection. The subject of this communication has worn for three months an almost *perpetual* blister, with so little inconvenience that he has traveled about and attended to his secular affairs without giving any evidence of the presence of one. The antagonizing and salutary influence of this *allopathic* (allos, pathos,) agent, whether artificial or natural, seems not to have escaped the searching observation of Hippocrates, for he says, "Those who have hæmorrhoids are not subject to pleurisy, inflammation of the lungs, &c."—"but if the hæmorrhoids are unseasonably healed up, they are not unfrequently attacked by some of these complaints, and sink under them."—"In pulmonic diseases, abscesses forming about the ears or lower limbs, are favorable, and a cure will follow." Again, "Abscesses in the legs in dangerous peripneumonics are always favorable." A case of chronic conjunctivitis, not very amenable to the usual remedies, occurring in the person of an old lady, for whom I prescribed last year, was permanently cured by a large carbuncle ensuing just below the *vertebra prominens*, which, for a long time, discharged a great deal of matter. I think it is Gardeil, who (in his Trans. of Hip. Art. traité des Maladies) says, "Auscultation is obviously spoken of to determine the presence and situation of pus" in the lungs. This argues that the discovery of auscultation, as a diagnostic agent, is not of such recent date as many may suppose. I think any student of medicine might study, with profit, the writings of the great "Father of Medicine," who, uninfluenced by the medical *dogmas* of other men, read, and wrote from, the great book of Nature, whose ample pages were spread out before him, undiversified by the *colorings* of a thousand minds, and who was not, like many modern writers, a mere *compiler* from medical dictionaries, cyclopædias, et cetera. But I have already spun out the *thread* of my discourse much longer than I intended, and will now "haul to."

Oak Grove, Va.

Report of a Case of Porrigo.

ROXABEL, BERTIE Co., N. C.

February 1st, 1852.

Mr. Editor—As little has been said in your journal concerning the treatment of cutaneous diseases, I beg leave to call the attention of your readers to a case of porrigo, which I treated last spring.

About ten months ago, while residing in the neighborhood of Lexington, Va., I was requested by a gentleman of that town to visit a negro boy at his plantation, who had for about eighteen months been affected with an obstinate disease of the scalp. On visiting this patient, who was about three years old, and of apparently good general health, I found his whole scalp covered with an incrustation of about a half inch in thickness. The outer surface of this scab was in some places pulverulent, and marked with fissures. The hair had fallen from some portions, but over most of the scalp it was short and matted up in the scab. On removing a portion of the scab, I found the exposed surface raw and pitted, and exhaling an ichorous humor. The disease had extended to the face, chest and abdomen, the latter part being much excoriated, as the little patient was in the constant habit of tearing the skin with his nails, to relieve the itching occasioned by the eruption. The cervical glands were slightly enlarged. Though little skilled in dermatology, I inferred, from a hasty examination, the disease to be porrigo.

The following is a synopsis of the treatment I instituted :

The head to be thoroughly poulticed to soften the scab, and to facilitate its removal. The hair to be closely shaved. The body, especially the abdomen, to be washed in infusion of bran. After the removal of the scab, the head and other affected parts to be washed twice a day for three or four days with the following: \mathcal{R} Ammoniae hydrochlorat., pot. carb. impuri aa \mathfrak{z} ss, alcohol dilut. oj. Ft. sol. After each washing apply the following ointment: \mathcal{R} Ungt. picis liquid, ungt. hydrarg. oxid. rubri aa \mathfrak{z} ss. M. After the fourth day the wash to be discontinued, but the ointment to be reapplied twice daily, after cleansing the parts with soap and water; the patient to wear constantly an oil cloth cap; the shaving to be repeated as often as necessary.

In the mean time the following constitutional treatment was adopted: \mathcal{R} Liq. potassae arsenitis, aquae destillat. aa f \mathfrak{z} ss. To take three drops thrice daily, to be gradually increased to

134 TERRILL'S CASE OF POISONING BY POKEBERRIES.

eight. This to be continued for several months, although the eruption might in the mean time be dried up.

After giving written directions, of which the above is the substance, I left the county, and did not see my patient again until the early part of last autumn. I found him entirely free from the disease. There were some slight cicatrices where the skin had been most excoriated, and in a few places on the scalp the hair had not been reproduced. As late as three months ago I heard from the case; there had been no recurrence of the disease, and I have no doubt the cure is a radical one.

REMARKS.—This patient had been subjected to treatment before, and the eruption had been more than once *dried* up under the use of tar, but it continued to recur. Seeing that local treatment alone had failed to produce a permanent cure, I determined to resort to the use of arsenic, the efficacy of which, in similar cases, I had had frequent opportunities of witnessing in the Philadelphia clinics. As there is thought to be danger of producing internal disorder by the too sudden drying up of the eruption by direct applications, I think some constitutional remedy should accompany the local measures. It might be asked why I ordered the Fowler's solution to be diluted? In answer I would say, that thus a small dose (equivalent to $1\frac{1}{2}$ drops) could be more easily given.

Truly, yours, &c.

H. G. DAVIDSON, M. D.

A Case of Death from Pokeberries.

REPORTED BY GEORGE F. TERRILL, M. D., OF HANOVER COUNTY.

S., wife of J. Allison, was found on the Richmond, Fredericksburg and Potomac railroad on the 4th 10th mo. (Oct.) 1851, in a destitute condition, where she had spent the night previous in the open air, with no other covering than her ordinary apparel.

Through the kind and personal attention of a humane and sympathising clergyman, (T. H. Fox of Ellington, Hanover,) she was taken to his dwelling, shelter afforded and other necessities provided.

I was called to see her two days after, and found her in a comatose condition, and in appearance prostrate in strength. When aroused and asked what quantity of berries she had eaten, (her mouth being found stained with them and she convenient to a large supply,) she indicated by extending both hands that she had eaten a double handful or about one pint.

The symptoms first complained of were uneasiness about the head and stomach and general debility. In two days incipient coma was evident, which was the most prominent symptom through the remaining stage of the disease, and this gradually increased. The pulse was feeble and frequent when I first saw her, and continued so, due perhaps to the peculiarity of the poison, or more likely to the hardships previously endured and very unlike the pulse in most cases of incipient coma.

Free purgation had been induced on the first day of the attack. From this and the lateness of the stage of the disease at which I first saw her, I did not attempt emesis, which most likely would have been highly salutary if resorted to while the berries were in the upper portion of the alimentary canal. Blood was drawn from the temples, but this being found, as in persons of the most anæmic condition, to consist of little else but serum, the operation was suspended. A blister was applied to the occiput and nape of the neck with the effect of arousing her for a time from coma. Sinapisms and stimulating embrocations were applied to her extremities with but little effect. Stimulants were at first prohibited, but when a speedy decline was evident, those of a diffusible nature were used with the effect of producing only a temporary improvement in the pulse.

She died on the 9th, six days after eating the berries, in a state of coma, the functions of animal life having been suspended for twelve hours previous, save the mixed function of respiration.

The privilege of making a partial post mortem examination was obtained. The mucous coat of the stomach was found injected in patches; portions of it were of a light pink color, others of a deeper red, and others again seemed a little softened in texture, while most of this coat near the cardiac orifice appeared in its usual healthy condition.

These discolorations, which were mostly towards the pyloric orifice, were considered in no part as due to the stain of the berries, but to an inflammation in this membrane, (for the most part masked by the coma,) set up by their poisonous properties.

It is much to be regretted that the annals of our science are so deficient in describing the effects produced by many of our potent indigenous poisons; and would physicians generally through the country report the cases of this kind that occur under their notice, with a detail of symptoms, this deficiency would in a measure be soon overcome.

Report of a Case of Cancer of the Stomach—Autopsy.

BY WM. J. HARRIS, M. D., OF NOTTOWAY CO.

On the 11th day of May 1846, I was requested to visit Mr. J—— K——, a farmer by occupation, about 40 years of age, tall and very spare, light hair, blue eyes, complexion pale and somewhat sallow. On examination I found him suffering from the ordinary symptoms of chronic gastritis, viz: impaired appetite, occasional vomiting directly after meals, acid eructations, a sense of weight and distention about the stomach, fatigue from moderate exercise, slight feverishness during the evening and restlessness at night. Of these symptoms he had been complaining for about two months. He also complained of pain from pressure on the epigastrium, and the stomach felt full and pulpy to the touch. By the use of local depletion, counterirritation, anodynes, antacids and rigid diet, he improved so much that in about a month I discharged him apparently cured—appetite good, nearly all the symptoms of disease had vanished and he attended to his usual farm duties.

I did not see him again, professionally, until the 12th day of April 1847, when I was requested to meet my friend Dr. Shore, then attending him. I now learned that he had enjoyed pretty good health up to the previous September, at which time he had an attack of intermittent fever, which returned on him several times during the fall, each time impairing more and more his digestive functions, and gradually developing all the gastric symptoms of which he had complained the preceding May. These symptoms had increased with great rapidity during the winter and spring, and at this time his sufferings were very great. I found him exhausted by a hæmorrhage which had occurred the night before, and about the time I arrived he passed a large quantity of coagulated blood per anum, which came off with the exact shape of the intestine, retaining the impression of the peristaltic action, and measuring, by guess, from 12 to 15 feet. It was entirely covered by a thin coat of lymph, and the first impression on seeing it was, (as several witnesses exclaimed) "that the whole intestine had passed off." He now suffered intense pain, beginning in the stomach and radiating in different directions through the chest and abdomen, generally accompanied by acid eructations or vomiting of more or less of a dark or yellow secretion, which secured temporary repose. He was unable to swallow the *smallest portion of solid food*, and could only take a small quantity of soup or gruel, which was frequently thrown back immediately, accompanied by severe

spasmodic pain. We could not trace a tumor distinctly, but the whole stomach felt thicker and less pliant than natural, and being less sensitive to pressure than it was twelve months before. The complexion as yellow as saffron. The characteristic symptoms of scirrhus were so clearly developed that we gave our opinion that it was cancer, and declared that a palliative treatment was the best we could advise, and that even that, from present appearances, would not be required long. After trial of several remedies, it being difficult to select anything which the stomach would not reject, we found that a combination of morphine and extr. cicuta, with blisters to the epigastrium, succeeded best in allaying the distressing symptoms. And I would here add that never did palliatives do their duty better—indeed we were almost cheated into the belief that we had mistaken chronic gastritis for scirrhus. To relieve the stomach as much as possible, chicken broth was directed to be given per anum, until the stomach could receive a sufficient quantity. Under this treatment our patient recovered sufficient strength and relief from pain to walk and ride short distances; and in a few weeks he was able to attend a little to his farm, visit in the neighborhood and attend church. This state of things lasted to the 15th of August, when I was summoned in haste and found him in a fainting condition, having passed a large quantity of coagulated blood per anum, as on the first occasion. From this he partially rallied, but on the 22d of August, a third hæmorrhage occurred and he died immediately.

Autopsy, 12 hours after death. We found the stomach very much distended with blood. This being turned out we found a large cancerous tumor, fully as large in circumference as an ordinary saucer, situated at the cardiac orifice, doubling about half the lesser curvature of the stomach, and extending to and embracing the end of the œsophagus, which was so thickened that it would only allow a goose quill to pass into the stomach. The tumor was coated with a bloody serum; that being washed off, its surface was found rough with horny points and indentations, and large portions having ulcerated. It varied from a quarter to half an inch in thickness and was gray and cartilaginous where eaten into. The portion of the stomach not covered by the tumor was in a soft, pulpy state, and the mucous membrane could be easily scraped off with the back of the scalpel. We now discovered the cause of the severe hæmorrhage, which had been three times repeated and attended by such extreme danger, to be the exposed ends of two arteries—the gastric and one of its branches, evidently ulcerated into by the tumor and now

plugged an inch or more by coagulated blood. One of the plugs must have yielded after remaining closed at least seven days, as that was the shortest period between two hæmorrhages. Thus the post mortem examination explained most satisfactorily the hæmorrhages and the reason why the smallest quantity of solid food could not be passed into the stomach. It was a very fine specimen of cancer—the severed arteries shewing very distinctly. I preserved it to send to the Medical college in Richmond, but neglecting to seal the jar, the spirit evaporated and it injured.

P. S.—I would enquire of the editor if the sulphate of quinine has been publicly known as a remedy in phlegmasia dolens? I have used it in two very well marked cases, with very prompt advantage, and in several other cases in which I thought the disease was developing itself, but the relief was so prompt that I could not be certain whether the cases were genuine phlegmasia dolens. In conversation with Dr. R. Hatchett of Lunenburg, a gentleman of high reputation, he informed me that he had tried it in five or six cases, and found it by far the best remedy he had ever used. I may at a future time make a report of some cases in which I have used it, and the manner of giving it.

W. J. H.

[We remember having seen a favorable notice of the use of quinine in phlegmasia dolens, we think, in some of the continental journals, though we cannot call to mind at present the article, but if it is met with in future, we will publish any point of interest which it may contain. Everything now-a-days is recommended for every disease in some quarter or another. We can readily conceive that in many instances symptoms may arise in phlegmasia dolens which would be successfully combatted with quinine, but we cannot understand its *modus operandi* as a specific in it. Dr. H. will confer a favor by detailing carefully his cases alluded to above: we will take great pleasure in laying them before our readers.—EDITOR STETHOSCOPE.]

Strangulated Scrotal Hernia.

[Surgical Clinique of Richmond Medical College.—Service of Prof. GIBSON.]

COMMUNICATED BY THOS. P. MARSTON, RESIDENT STUDENT.

On the 26th December 1851 S. B. Baylis, seaman, aged 26, entered the infirmary at 12 M., with irreducible scrotal hernia of the right side. In the act of jumping on deck of a vessel at Rocketts in the morning "he felt something give way," and was immediately conscious of a swelling in the right side of the scrotum, which he knew to be a hernia from the fact of his having had an inguinal hernia (reducible) on the left side for many years. The services of Dr. Dove were obtained, who used appropriate means for the reduction of the hernia, but without avail. Dr. Gibson saw Baylis at 4 P. M.; his condition was then as follows: tumor of scrotum as large as a man's fist, moderately reddened, painful on being handled—not much so when undisturbed; temperature increased; pain over abdomen, but not excessive, and a sensation as of drawing at the scrobiculus cordis; pulse about 100, moderately full, not corded. He had vomited on his way from the vessel to the infirmary, but the contents only of the stomach; has no nausea at this time (4 P. M.); is somewhat under the influence of an opiate, which was administered on his arrival at the infirmary.

Dr. Gibson, having in vain attempted to reduce the hernia, ordered the administration of castor oil, \mathfrak{z} jss of which was given, but almost immediately rejected by the stomach. Calomel grs. xx were given and retained. The operation was not immediately performed, because the tumor, although not susceptible of reduction, had not yet occasioned undoubted evidence of strangulation, although such condition was highly probable and an operation would ultimately have to be performed, yet the hernia might possibly prove irreducible only, without strangulation; therefore, in the absence of urgent symptoms, delay was determined upon.

At 9 o'clock P. M. Dr. Gibson again saw the patient, and directed sulph. magnesiae \mathfrak{z} j to be given, no movement from the bowels having followed the administration of the calomel: this too was rejected, after having remained two hours in the stomach.

At 4 A. M. on the 27th December Dr. Gibson again saw Baylis; finding that purgation had not been effected, but that the swelling had increased and become much more painful, also the pain over the abdomen excessive, with constant nausea and vomiting, determined to operate immediately. The

patient being placed under the influence of chloroform and in the usual position, an incision was made, commencing half an inch above the external ring and extended to the bottom of the tumor in the scrotum, through the skin and superficial fascia. The sac was found but lightly invested. It was pinched up with a pair of forceps and slightly cut; on the issuing of a few drops of serum the opening was enlarged upwards and downwards, and the intestine exposed. This was found but little deviating from a natural appearance. An effort was made by immediate taxis to return it. An obstruction to its return being, however, soon manifest, the surgeon passed his finger on the intestine and carried it to the external ring. Here he found a cause of the difficulty, the edge of the superior column of the ring binding firmly on the protrusion. He now introduced the hernia probe pointed bistoury flatwise on his finger, and carrying it directly under the ring notched it by turning the cutting edge of the knife directly upwards. The finger and knife being now carefully withdrawn the attempt to return the intestine was again made, but still unsuccessfully. Dr. Gibson now passed his finger through the ring and into the inguinal canal, as far as the internal ring; here he also found a stricture in the superior margin of the opening in the transversalis fascia. The attention of the physicians present, (Drs. Johnson, Conway, Scott, Haskins and Petticolas,) being called to the existence of the second point of strangulation, the surgeon again introduced his finger and the knife flatwise as before, and made a nick, as in the external ring, directly upwards. Taxis being now gently repeated, the intestine slipped into its position. In dividing the integuments, a small branch of the external iliac (arteria ad cutem abdominis,) was cut, which caused slight hæmorrhage, but had entirely ceased before the return of the bowel. The edge of the wound was brought together by two or three tacks of the interrupted suture, and supported by strips of the isinglass adhesive plaster. The patient was then carefully lifted from the table and put to bed, directions being given to lie on his back with his limbs flexed.

On examining the wound some four or five hours afterwards, found that some hæmorrhage had occurred from the little artery before mentioned, and that a coagulum had formed which distended the edges of the wound, putting the sutures on the stretch and producing pain. The wound was consequently opened and the coagulum removed; it was not deemed advisable under the circumstances to attempt again immediate reunion, the wound therefore was lightly covered with the water dressing.

In the evening an ounce of castor oil was administered, which produced in the course of a few hours a copious evacuation from the bowels. The patient has been perfectly comfortable from the time of the operation to the time of his discharge: the wound soon filled with healthy granulations, the edges being brought daily a little closer by means of adhesive strips. I must not forget to say that the patient's bowels had to be kept open by the administration of castor oil once in two or three days, he not being able to have a discharge without the use of a purgative. The patient was discharged on the 7th of February 1851, the wound having cicatrized, and in all respects enjoying perfect health.

The Colleges of Pharmacy at New York and Philadelphia.

BY W. H. MILNOR, M. D.

There are two institutions, most intimately connected with the medical profession, which deserve more than a passing notice. I refer to the colleges of pharmacy in New York and Philadelphia. Founded some years since, by a few enterprising druggists, they have struggled against opposition and indifference, until they have attained a position which secures to them the respect of all who take an interest in the good and useful. To the physician they have proved of incalculable benefit. He works by means, and by the availability of those means are his efforts limited. His diagnosis may be accurate, his plan of treatment most judicious, his selection of remedies unexceptionable; and yet if he be not furnished with those remedies pure in their nature and accurate in their preparation, of what avail is his diagnosis—how utterly futile his skill? Comparatively but a few years ago the uncertainty of medicines was a common subject of complaint, and the prescriber was undoubtedly often blamed, when the vendor and compounder was alone culpable. But little preparatory education was required for the profession of an apothecary. He came often fresh from the work bench or the plough, scarcely acquainted with the names of the articles he handled; utterly ignorant of their nature or effects, and assumed a position which, if honorable, involved likewise a responsibility equal only to that of the profession of which it is so important an adjunct. So palpable was the unfitness of druggists, as a body, for their calling, that the physician frequently hesitated to trust to them a prescription, and the patient swallowed it with fear and trembling. A gradual change has been going

on for some time past. Educated, intelligent youths are now trained to the business; and in all our large cities are to be found apothecaries and druggists, who, for capacity of intellect, extent of information and elevated tone of principles, may compete with any who belong to what are called the learned professions. And how has this desirable result been produced? Mainly through the active agency of these colleges of pharmacy. Within their walls young men have been furnished with the means of instruction. On all the important branches—chemistry, materia medica, botany and pharmacy—able professors are provided; great facilities are afforded for becoming experimentally acquainted with the art and mystery of the apothecary, and the diploma, granted only after a strict examination, is now regarded as a true test of merit. A stimulus has been given to the whole profession, which has elevated its character and made the druggist not only a more honorable but a more useful man. The medical profession is therefore indebted to these bodies, deeply indebted, for efficient and timely support.

Nor is the public under less serious obligations. The life of an individual is often in the hands of the apothecary. How important then, that that apothecary should be capable and instructed—how important that he should possess that refinement of mind, that high moral principle, which can alone make him feel the true responsibility of his office. To the ignorant and the vulgar, a mistake, even if it involve life, is only a mistake—one of those accidents to which all are liable. To the educated and high minded, a mistake, even if it but occasion a temporary inconvenience, is painful and distressing. The graduate of the college of pharmacy comes forth from its walls with this maxim engraven upon his mind: "Constantly aim at perfection in knowledge and manipulation, as one to whom is hourly entrusted the life of a fellow creature." On the score of imparted confidence, then, the public owes much to these institutions.

To the New York college are we mainly indebted for the passage of the "bill for the prevention of the entrance of adulterated drugs into the American market." Through those avenues of commerce, the great commercial sea ports, quantities of worthless medicines have been poured into this country; and once admitted here, in some way found a ready circulation through the land. The direct and indirect mischief produced was very great. Through the energetic remonstrances of the college and the untiring and self-sacrificing efforts of its members, the bill was passed by congress, appointing competent and efficient inspectors, and prohibiting,

under severe penalties, the importation of any but pure and unadulterated drugs. It needs no argument, certainly, to convince any reasonable mind, that a great good was thus effected. The colleges of pharmacy have attained a position which will secure to them public confidence and support; they have become a necessity to the public, and therefore will be sustained.

It is important that there be unity of action as well as feeling between them and physicians. They are connected by ties which cannot be severed without unnatural violence. They are each a necessity to the other. It was a matter of regret to those who wish well to both, that an apparent difference should have arisen at the last annual medical convention at Charleston, from the nonreception of a delegate from the New York college. I say apparent, for I am persuaded that this nonreception was the result of an entire misconception of the views of the college. That body had no desire to assume an unwarrantable position—nor did they, by this act. That convention had, as was understood, two objects in view, the advancement of medical science and the good of the public. To this end delegates from *all medical societies and colleges* were invited to confer and deliberate upon the important topics presented. Most assuredly a college of pharmacy is a medical society, and an important one too. There can scarcely a subject be presented for discussion, which will not involve, either directly or indirectly, matter which is the peculiar province of such college, and respecting which, through its representative, it can give the best information.

The college of pharmacy neither desired nor expected to gain additional credit or standing by thus uniting with the medical convention. Its object was to assist in the promotion of medical science, and extend its sphere of usefulness—nothing more. The postponement of the final settlement of the question until the next meeting at Richmond, shewed that doubts existed in the minds of the majority as to the propriety of the rejection. I trust that then all doubts will be dissipated.

Medical Society of Virginia—February Meeting.

DR. JAMES BEALE, *1st Vice President, in the Chair.*

(*Present—29 Fellows and Visitors.*)

After the minutes were read, the following gentlemen were balloted for and declared elected fellows of the society :

Thomas Bagwell, M. D., <i>Accomack,</i>	F. M. Boykin, M. D., <i>Isle of Wight,</i>
Thomas Creigh, M. D., <i>Greenbrier,</i>	B. F. Browne, M. D., <i>Westmoreland,</i>
Jas. S. Browne, M. D., <i>Suffolk, Va.</i>	Alex. H. Mason, M. D., <i>Falmouth,</i>
James A. Leitch, M. D., <i>Charlottesville,</i>	Jas. Micaux, M. D., <i>Richmond city.</i>

Numerous applications for membership were made and laid over.

The subject of the evening being called up, the following paper was read :

A Dissertation on the Function of the Chiasma Nervorum Opticorum—Or the reason why we do not see objects in an inverted and reversed position.

BY R. A. LEWIS, M. D.

This is a subject upon which a great deal has been said ; and although some of the brightest and most profound intellects that the world has ever produced have endeavored to solve this gordian knot, as yet all have failed or have used the sword. But notwithstanding all our predecessors have failed in accounting satisfactorily for this phenomenon, we should not deem it one of those things entirely incomprehensible to man, and ordained ever to be so. For if this principle had prevailed, how many of the operations of nature, which are now so clearly understood, would still have been enveloped in mystery ? It may be said that this is a subject of no practical importance, and that it is a mere waste of time to attempt its solution. But apparently the most trivial discoveries are often the pioneers that remove the obstructions which hide from our view that which is both useful and beautiful.

Who would have thought that the discovery of rendering soft iron magnetic would have revealed the means of conveying intelligence from Orient even to Occident in the twinkling of an eye. And who can say, if this mystery is solved, that it may not add another link to the chain of scientific discovery ? It may be a key which will unlock some of the secret avenues of that great magician, the encephalon. But I do not pre-

tend to have dispelled the clouds which surround this subject : I merely present an hypothesis for your consideration, for the purpose of having the subject scrutinized and examined by scientific and thinking men of this day. And although I may have failed, some of you may be so fortunate as to overthrow the monster Ignorance, who now guards this door of the ivory castle.

Before beginning the discussion of this subject it is proper to state that these diagrams being merely intended to illustrate a principle, it was not necessary to make *fac similes* of the eye, or to give the deflections and refractions of the rays of light in passing through the different media. Nor was it necessary to use cones of light, simple and straight lines answering the purpose of illustrating the subject, and being less complicated. Fig. 4th is only intended to illustrate the principle and not to represent the exact manner in which the image on the retina is again reversed. The principle contended for is, that there are both oblique and direct rays of light entering the eye, and that, as there are both straight and decussating filaments of the optic nerves the impression made by the direct rays is transmitted by parallel filaments of the optic nerves, and the sensation or impression made by the oblique rays by the oblique or decussating filaments of the optic nerves. And these diagrams do not pretend to shew the *exact method or manner* by which this is done, but to illustrate how it may be done by such an anatomical structure.

Fig. 1.

S Sensorium. **C Chiasma.**
o o Optic nerves. **t t Tractus optici.** **r r Retinae.**

Fig. 2.

Human Chiasma Nervorum Opticorum.—From a Dissection by Meyne.

1.

a

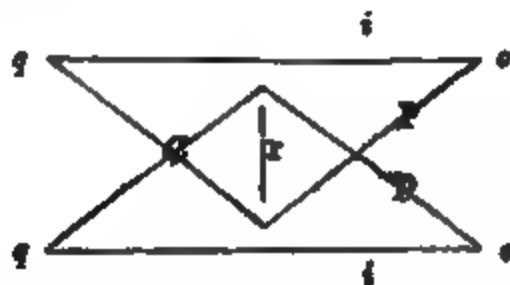
C Chiasma. *s s* Optic nerves. **b b** Tractus optici.
d d Decussating filaments. *s s* Straight filaments.

Fig. 3.



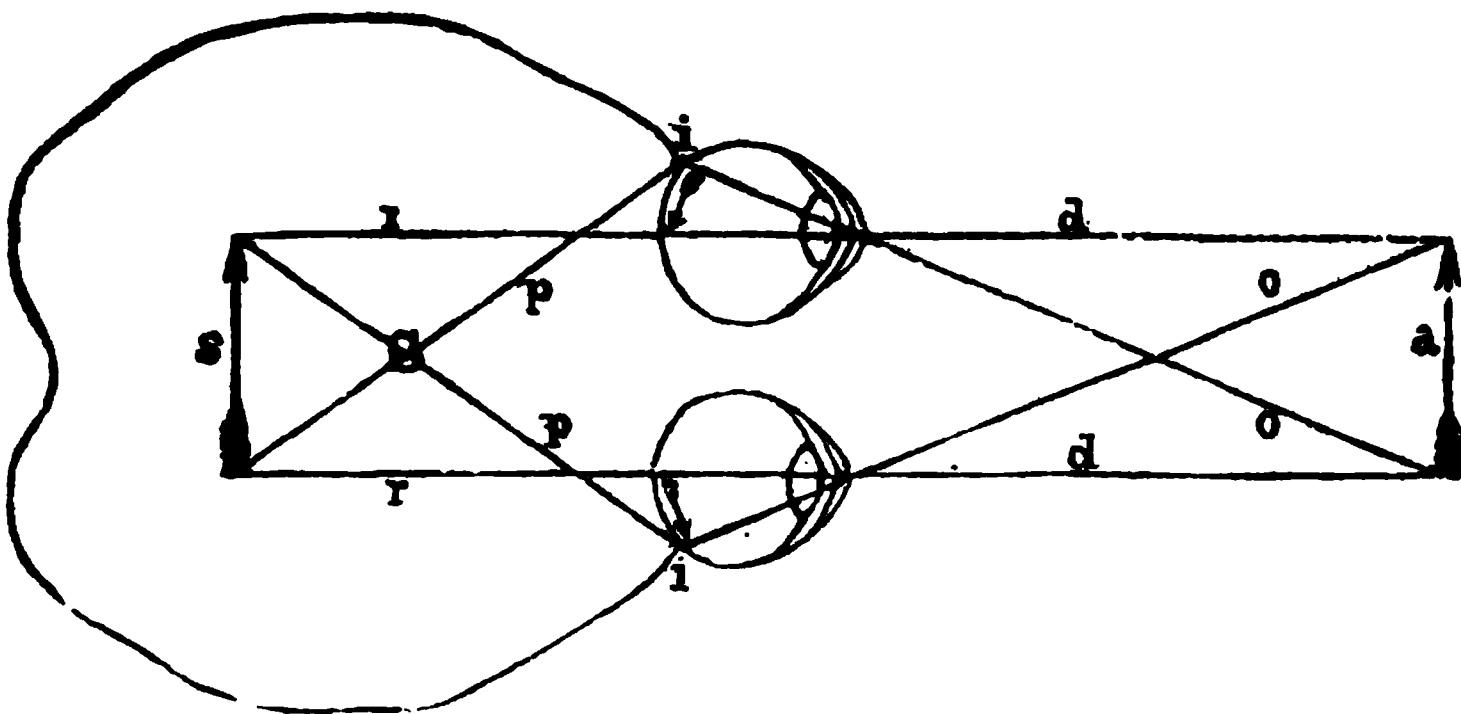
* Left optic nerve. d Right optic nerve. † Decussating filaments of right optic nerve. c Decussating filaments of left nerve. † † Straight filaments of right and left optic nerves.

FIG. 5.



Let o represent an object. pp Decussating rays. r The retina. ii Direct or parallel rays. c Chiasma. qq The Sensorium.

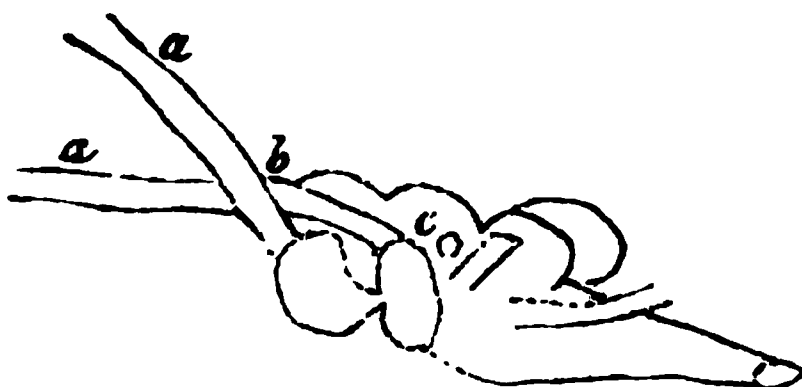
FIG. 4.



S Sensorium. *C.* Chiasma.
a An arrow. *d d* Parallel rays of light falling upon the retinae *i i*. *o o* Oblique rays falling upon the retinae. *r r* Straight filaments of the optic nerve. *p p* Decussating filaments.

FIG. 6.

Brain of a Fish, (the Hake.)



a a Optic nerves. *b* Oblique crossing of optic nerves. *c* Optic lobe of left side, being the chief source of the right optic nerve.

FIG. 7.

Brain of a Common Fowl.



a a Optic nerves. *c* The chiasma dissected so as to shew its decussating laminae. *i i* Tractus optici.

THE EYE.—*See figures 1st and 4th.*

The anatomy of the eye is now so well understood, that it is not necessary to give a regular and minute description of it, and therefore I shall only describe those parts which are essential in rectifying the reversed and inverted image which is depicted on the retina. Reversing the usual order of description, I shall begin with

THE OPTIC NERVES.—*See figures 1st and 3d.*

They arise from the anterior part of the corpora quadrigemina: from this point they proceed forward towards the thalami nervorum opticorum, to which they adhere: receiving filaments from the corpus geniculatum externum and tuber cinereum, they proceed forwards towards the eye. They then approach, and decussate at the sella turcica, forming the chiasma, figs. 2d and 3d. Anterior to this point they diverge, each passing through the optic foramen to the corresponding eye, piercing the sclerotic and choroid coats, and expanding to form the retina.

THE CHIASMA NERVORUM OPTICORUM.—*See figs. 2d and 3d.*

Notwithstanding the testimony of Wollaston, Berard, Pravas, Gall, Spurzheim, Cuvier, Serres, Vicq. d'Azyr, Caldani, Ackerman and others, in favor of the decussation of the internal fibres of the optic nerves, it was for a long time a mooted point whether they merely lay along side or actually decussated at their point of approximation on the sella turcica. The physiological facts derived from various experiments are sufficient to settle the question, but the late dissections made by Mayne and Muller prove beyond a doubt that a partial decussation does take place.

The structure of the chiasma, see fig. 3d.

As soon as the optic nerves arrive at the sella turcica, the right optic nerve sends from its inner side about half its filaments to the left optic nerve, and the left optic nerve sends the inner half of its filaments to the right optic nerve. Fig. 3d is intended to shew this arrangement. This is not a matter of speculation, but when the dissection is carefully made and the chiasma held in a proper light, this arrangement may be seen with the naked eye. The other half of the filaments of each optic nerve proceed straight forward, forming half of the optic nerve of its own side, see figs. 2d and 3d. The optic nerves, after piercing the sclerotic and choroid coats, expand and form a delicate tunic, which is called the retina—*r r* fig. 1. The function of the retina is to receive the impression or image depicted on it by rays of light

proceeding from luminous objects, and to transmit the sensation made by this impression through the optic nerves to the brain. It will be seen by referring to figs. 1st and 4th that rays of light proceeding from the upper part of an object impinge upon the lower part of the retina and *vice versa*, and also those from the left side of an object on the right side of the retina, and *vice versa*; hence the picture on the retina is inverted and reversed as in the camera obscura. Malpighi and Haller proved this to be true by taking the eyes of the rabbit, pigeon and puppy, the choroid of which is almost transparent, and Magendie with the eyes of albino animals; by turning the cornea towards luminous object they were distinctly seen depicted in an inverted and reversed position. How then is a correct sensation conveyed to the sensorium?

Although, as we have before stated, all who have attempted to explain this phenomenon have failed in producing any theory that is entirely satisfactory, as the multiplicity of speculations on this subject will bear witness, yet there are several which at different times have been received, and these I shall briefly notice. First, that of Buffon and Le Cat, which has been adopted by many physiologists, and is, I believe, the most popular—at least I find it has been given a place in the works of almost all our modern physiologists. It is believed by these Buffonists that we do originally see all objects inverted, but that the sense of touch apprises us of our error, and enables us at so early a period to correct it that we are afterwards not aware of the process. Now the only proof brought to support this theory is the case of a man blind from birth with cataract, who, after the cataract was removed by an operation, saw things in an inverted position for some time, but ultimately learned to see them as they really were. Now for this *one* case there are at least *twenty* on record where persons blind from birth, who afterwards received their sight, saw objects, not inverted and reversed, but in their natural positions. This, without further proof, is sufficient to shew that the foundation of this theory is like “the baseless fabric of a vision.” For is it not more reasonable to believe that this *one* case had not perfectly recovered his sight or that the account of the case is not authentic, than that all this *score* should have been able to form this *habit* in a moment? But again, I ask is it reasonable to suppose that nature, who forms every organ perfectly in all other instances, and to every organ and part of an organ allots some function, would have formed this most beautiful and perfect of all optical instruments, the eye, perfect in all respects but this one, and left chance or habit to finish her work? Now as surely as there is a function per-

formed there is an organ appropriated by nature for the performance of that function. Lastly, if man in infancy beholds all things inverted, must not other animals also? And have we not daily and incontrovertible evidence that the colt, calf, &c. see objects in their natural positions?

The next in order is the theory of Berkeley. He asserts that the position of objects is always judged of by comparing them with our own; and that as we always see ourselves inverted, external bodies are in the same relation to us as if they were erect. Any one that will take the trouble to stand on his head or stoop down and look at objects through or between his legs, will be convinced of the fallacy of this doctrine. But this Berkeleian theory is so absurd that we deem it a loss of time to notice it further. The only other theory on this subject extant that has any semblance of reason in it is that of Sir David Brewster. But the inadequacy of this theory to account for this phenomenon has been ably shewn by many physiologists, and this, like all the other speculations on this subject, will not stand the test of a critical examination. Duglison's explanation is no explanation at all. He says, "as soon as a ray from an object has impinged upon the retina the physical part of the process is completed; an impression is made upon the retina, the brain appreciates the sensation and the object is seen in its true position." The object is seen in its true position—but how is this? for if the impression made upon the retina is a reversed one, and the brain appreciates the sensation made by this impression, it certainly should be a reversed sensation.

Function of the chiasma nervorum opticorum.

It has been alleged that the use of the chiasma is to amalgamate the two impressions made upon the retinae, so as to convey to the individual the sensation of a single impression only. This beautiful but false theory emanated from that hot-house of genius and intelligence—the mind of Newton. But in this instance it seems to have brought forth a beautiful wild flower valuable only for its beauty—a flower which will not stand the cutting blast of criticism, and when transplanted dies, save when it finds some genial spot akin to its parent soil. Such a spot it found in the mind of Wollaston and some few others. We may be deemed presumptuous in saying that anything springing from such a source is false and fruitless; but we hope to prove what we say, and not only to prove that this is not the function performed by the chiasma, but to shew what its function is.

There are some anatomical facts which at the first glance would seem to favor this hypothesis of Newton's. In the first place each tractus opticus sends some filaments across the

chiasma to form part of the opposite optic nerve, while the other filaments continue on to form part of the optic nerve of its own side, so that it will be seen that the right side of each retina comes from the right tractus opticus and the left side of each retina from the left tractus opticus. The deduction then was, that if the pictures of an object be depicted at the same instant on the left sides of the two retinae, or on the right sides, the impression in either case will be communicated to the same tractus opticus, and the impressions will be referred to the same side of the brain and produce the sensation of a single impression; or in other words, that parts of the two retinae are identical, and that the identical parts derive their origin from the same tractus opticus, and the parts which are nonidentical from different tractus optici. If this theory was true the second pair of nerves (the optic) should be the only nerves possessing identity of sensation, for they are the only nerves furnished with a chiasma. But it is a well established and undeniable fact that it is also an attribute of the first pair, and the portio mollis of the seventh. Both ears are generally employed synchronously in hearing, yet the sensation of a single impression of sound is conveyed to the sensorium; both nares are used in the appreciation of odors, yet the sensation of a single impression of scent is produced; and as we have before stated, neither the olfactory nor the auditory nerves are provided with a chiasma; yet according to this theory they should be thus endowed, or how are the two impressions made upon each tympanum, or the sensations imparted to the schneiderian membranes, to be amalgamated? Secondly, according to this theory, when morbid affections of one side of the brain produce amaurosis one side of each retina should be implicated; whereas experience proves that in a majority of cases one retina is almost wholly paralyzed, and vision extinct in one eye and retained by the other.

Thirdly, if single vision in man is explained on these grounds, single vision in other animals should admit of explanation upon the same principle. Now, many animals have the axes of the eyes directed so laterally that the same object can never be depicted on both retinae at the same time; and if the relative directions of the optic axes in animals bear relation to the amount of reciprocal identity in the retinae, and if this reciprocal identity is dependant on the decussation of the chiasma, the structure of the chiasma should vary as the relative directions of the optic axes. But this is not the case; on the contrary, there are many examples where the anatomy of the optic nerves is at variance with what the relative directions of the optic axes would require to uphold this theory.

on for some time past. Educated, intelligent youths are now trained to the business; and in all our large cities are to be found apothecaries and druggists, who, for capacity of intellect, extent of information and elevated tone of principles, may compete with any who belong to what are called the learned professions. And how has this desirable result been produced? Mainly through the active agency of these colleges of pharmacy. Within their walls young men have been furnished with the means of instruction. On all the important branches—chemistry, materia medica, botany and pharmacy—able professors are provided; great facilities are afforded for becoming experimentally acquainted with the art and mystery of the apothecary, and the diploma, granted only after a strict examination, is now regarded as a true test of merit. A stimulus has been given to the whole profession, which has elevated its character and made the druggist not only a more honorable but a more useful man. The medical profession is therefore indebted to these bodies, deeply indebted, for efficient and timely support.

Nor is the public under less serious obligations. The life of an individual is often in the hands of the apothecary. How important then, that that apothecary should be capable and instructed—how important that he should possess that refinement of mind, that high moral principle, which can alone make him feel the true responsibility of his office. To the ignorant and the vulgar, a mistake, even if it involve life, is only a mistake—one of those accidents to which all are liable. To the educated and high minded, a mistake, even if it but occasion a temporary inconvenience, is painful and distressing. The graduate of the college of pharmacy comes forth from its walls with this maxim engraven upon his mind: "Constantly aim at perfection in knowledge and manipulation, as one to whom is hourly entrusted the life of a fellow creature." On the score of imparted confidence, then, the public owes much to these institutions.

To the New York college are we mainly indebted for the passage of the "bill for the prevention of the entrance of adulterated drugs into the American market." Through those avenues of commerce, the great commercial sea ports, quantities of worthless medicines have been poured into this country; and once admitted here, in some way found a ready circulation through the land. The direct and indirect mischief produced was very great. Through the energetic remonstrances of the college and the untiring and self-sacrificing efforts of its members, the bill was passed by congress, appointing competent and efficient inspectors, and prohibiting,

under severe penalties, the importation of any but pure and unadulterated drugs. It needs no argument, certainly, to convince any reasonable mind, that a great good was thus effected. The colleges of pharmacy have attained a position which will secure to them public confidence and support; they have become a necessity to the public, and therefore will be sustained.

It is important that there be unity of action as well as feeling between them and physicians. They are connected by ties which cannot be severed without unnatural violence. They are each a necessity to the other. It was a matter of regret to those who wish well to both, that an apparent difference should have arisen at the last annual medical convention at Charleston, from the nonreception of a delegate from the New York college. I say apparent, for I am persuaded that this nonreception was the result of an entire misconception of the views of the college. That body had no desire to assume an unwarrantable position—nor did they, by this act. That convention had, as was understood, two objects in view, the advancement of medical science and the good of the public. To this end delegates from *all medical societies and colleges* were invited to confer and deliberate upon the important topics presented. Most assuredly a college of pharmacy is a medical society, and an important one too. There can scarcely a subject be presented for discussion, which will not involve, either directly or indirectly, matter which is the peculiar province of such college, and respecting which, through its representative, it can give the best information.

The college of pharmacy neither desired nor expected to gain additional credit or standing by thus uniting with the medical convention. Its object was to assist in the promotion of medical science, and extend its sphere of usefulness—nothing more. The postponement of the final settlement of the question until the next meeting at Richmond, shewed that doubts existed in the minds of the majority as to the propriety of the rejection. I trust that then all doubts will be dissipated.

Medical Society of Virginia—February Meeting.

DR. JAMES BEALE, 1st Vice President, in the Chair.

(Present—29 Fellows and Visitors.)

After the minutes were read, the following gentlemen were balloted for and declared elected fellows of the society :

Thomas Bagwell, M. D., Accomack,	F. M. Boykin, M. D., Isle of Wight,
Thomas Creigh, M. D., Greenbrier,	B. F. Browne, M. D., Westmoreland,
Jas. S. Browne, M. D., Suffolk, Va.	Alex. H. Mason, M. D., Falmouth,
James A. Leitch, M. D., Charlottesville,	Jas. Micaux, M. D., Richmond city.

Numerous applications for membership were made and laid over.

The subject of the evening being called up, the following paper was read :

A. Dissertation on the Function of the Chiasma Nervorum Opticorum—Or the reason why we do not see objects in an inverted and reversed position.

BY R. A. LEWIS, M. D.

This is a subject upon which a great deal has been said ; and although some of the brightest and most profound intellects that the world has ever produced have endeavored to solve this gordian knot, as yet all have failed or have used the sword. But notwithstanding all our predecessors have failed in accounting satisfactorily for this phenomenon, we should not deem it one of those things entirely incomprehensible to man, and ordained ever to be so. For if this principle had prevailed, how many of the operations of nature, which are now so clearly understood, would still have been enveloped in mystery ? It may be said that this is a subject of no practical importance, and that it is a mere waste of time to attempt its solution. But apparently the most trivial discoveries are often the pioneers that remove the obstructions which hide from our view that which is both useful and beautiful.

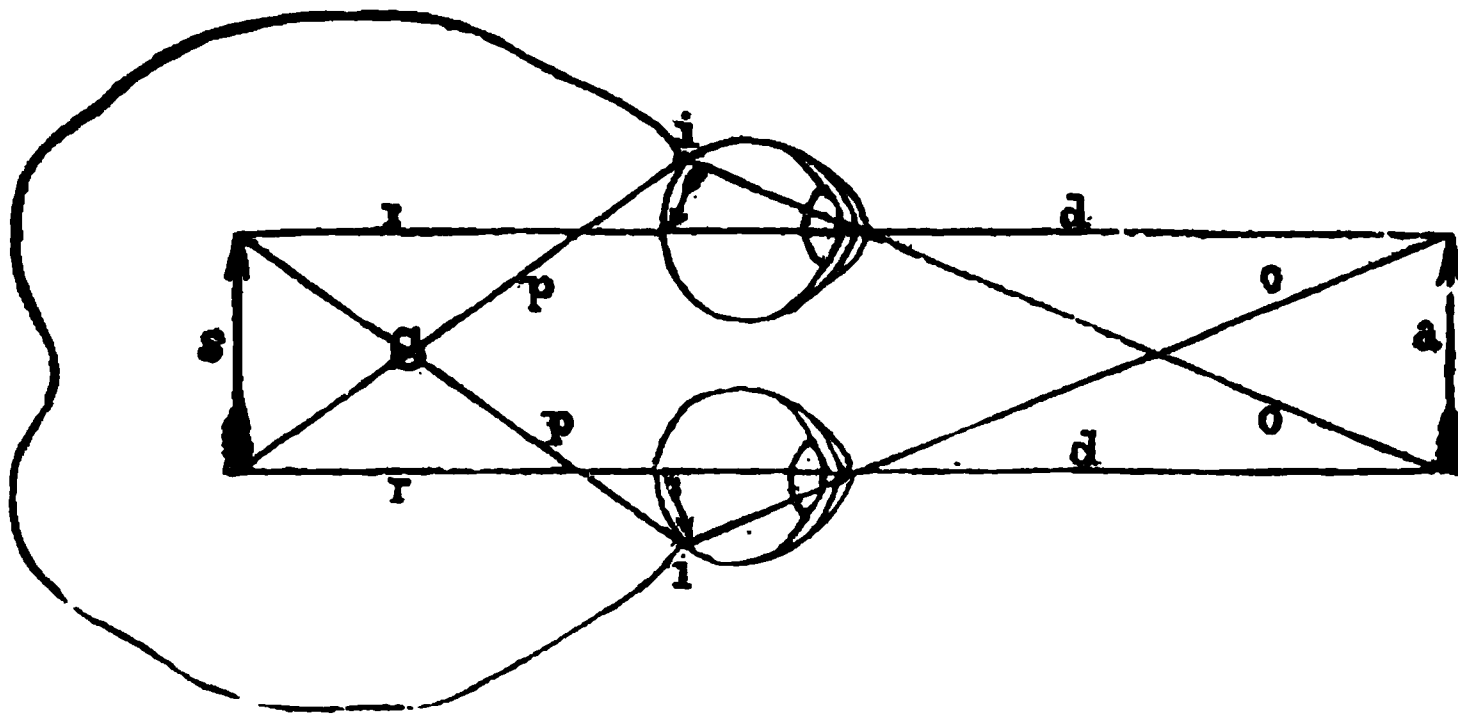
Who would have thought that the discovery of rendering soft iron magnetic would have revealed the means of conveying intelligence from Orient even to Occident in the twinkling of an eye. And who can say, if this mystery is solved, that it may not add another link to the chain of scientific discovery ? It may be a key which will unlock some of the secret avenues of that great magician, the encephalon. But I do not pre-

/

tend to have dispelled the clouds which surround this subject : I merely present an hypothesis for your consideration, for the purpose of having the subject scrutinized and examined by scientific and thinking men of this day. And although I may have failed, some of you may be so fortunate as to overthrow the monster Ignorance, who now guards this door of the ivory castle.

Before beginning the discussion of this subject it is proper to state that these diagrams being merely intended to illustrate a principle, it was not necessary to make *fac similes* of the eye, or to give the deflections and refractions of the rays of light in passing through the different media. Nor was it necessary to use cones of light, simple and straight lines answering the purpose of illustrating the subject, and being less complicated. Fig. 4th is only intended to illustrate the principle and not to represent the exact manner in which the image on the retina is again reversed. The principle contended for is, that there are both oblique and direct rays of light entering the eye, and that, as there are both straight and decussating filaments of the optic nerves the impression made by the direct rays is transmitted by parallel filaments of the optic nerves, and the sensation or impression made by the oblique rays by the oblique or decussating filaments of the optic nerves. And these diagrams do not pretend to shew the *exact method or manner* by which this is done, but to illustrate how it may be done by such an anatomical structure.

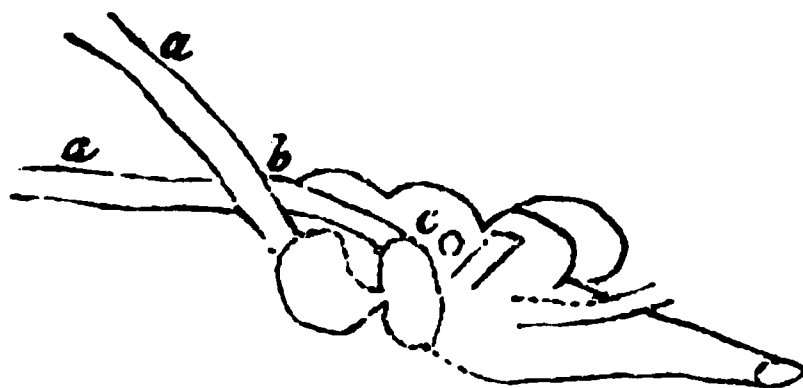
FIG. 4.



S Sensorium. *C*. Chiasma.
a An arrow. *d d* Parallel rays of light falling upon the retinae *i i*. *o o* Oblique rays falling upon the retinae. *r r* Straight filaments of the optic nerve. *p p* Decussating filaments.

FIG. 6.

Brain of a Fish, (the Hake.)



a a Optic nerves. *b* Oblique crossing of optic nerves. *c* Optic lobe of left side, being the chief source of the right optic nerve.

FIG. 7.

Brain of a Common Fowl.



a a Optic nerves. *c* The chiasma dissected so as to shew its decussating laminae. *i i* Tractus optici.

THE EYE.—*See figures 1st and 4th.*

The anatomy of the eye is now so well understood, that it is not necessary to give a regular and minute description of it, and therefore I shall only describe those parts which are essential in rectifying the reversed and inverted image which is depicted on the retina. Reversing the usual order of description, I shall begin with

THE OPTIC NERVES.—*See figures 1st and 3d.*

They arise from the anterior part of the corpora quadrigemina: from this point they proceed forward towards the thalami nervorum opticorum, to which they adhere: receiving filaments from the corpus geniculatum externum and tuber cinereum, they proceed forwards towards the eye. They then approach, and decussate at the sella turcica, forming the chiasma, figs. 2d and 3d. Anterior to this point they diverge, each passing through the optic foramen to the corresponding eye, piercing the sclerotic and choroid coats, and expanding to form the retina.

THE CHIASMA NERVORUM OPTICORUM.—*See figs. 2d and 3d.*

Notwithstanding the testimony of Wollaston, Berard, Pravas, Gall, Spurzheim, Cuvier, Serres, Vicq. d'Azyr, Cal-dani, Ackerman and others, in favor of the decussation of the internal fibres of the optic nerves, it was for a long time a mooted point whether they merely lay along side or actually decussated at their point of approximation on the sella turcica. The physiological facts derived from various experiments are sufficient to settle the question, but the late dissections made by Mayne and Muller prove beyond a doubt that a partial decussation does take place.

The structure of the chiasma, see fig. 3d.

As soon as the optic nerves arrive at the sella turcica, the right optic nerve sends from its inner side about half its filaments to the left optic nerve, and the left optic nerve sends the inner half of its filaments to the right optic nerve. Fig. 3d is intended to shew this arrangement. This is not a matter of speculation, but when the dissection is carefully made and the chiasma held in a proper light, this arrangement may be seen with the naked eye. The other half of the filaments of each optic nerve proceed straight forward, forming half of the optic nerve of its own side, see figs. 2d and 3d. The optic nerves, after piercing the sclerotic and choroid coats, expand and form a delicate tunic, which is called the retina—r r fig. 1. The function of the retina is to receive the impression or image depicted on it by rays of light

proceeding from luminous objects, and to transmit the sensation made by this impression through the optic nerves to the brain. It will be seen by referring to figs. 1st and 4th that rays of light proceeding from the upper part of an object impinge upon the lower part of the retina and *vice versa*, and also those from the left side of an object on the right side of the retina, and *vice versa*; hence the picture on the retina is inverted and reversed as in the camera obscura. Malpighi and Haller proved this to be true by taking the eyes of the rabbit, pigeon and puppy, the choroid of which is almost transparent, and Magendie with the eyes of albino animals; by turning the cornea towards luminous object they were distinctly seen depicted in an inverted and reversed position. How then is a correct sensation conveyed to the sensorium?

Although, as we have before stated, all who have attempted to explain this phenomenon have failed in producing any theory that is entirely satisfactory, as the multiplicity of speculations on this subject will bear witness, yet there are several which at different times have been received, and these I shall briefly notice. First, that of Buffon and Le Cat, which has been adopted by many physiologists, and is, I believe, the most popular—at least I find it has been given a place in the works of almost all our modern physiologists. It is believed by these Buffonists that we do originally see all objects inverted, but that the sense of touch apprises us of our error, and enables us at so early a period to correct it that we are afterwards not aware of the process. Now the only proof brought to support this theory is the case of a man blind from birth with cataract, who, after the cataract was removed by an operation, saw things in an inverted position for some time, but ultimately learned to see them as they really were. Now for this *one* case there are at least *twenty* on record where persons blind from birth, who afterwards received their sight, saw objects, not inverted and reversed, but in their natural positions. This, without further proof, is sufficient to shew that the foundation of this theory is like “the baseless fabric of a vision.” For is it not more reasonable to believe that this *one* case had not perfectly recovered his sight or that the account of the case is not authentic, than that all this *score* should have been able to form this *habit* in a moment? But again, I ask is it reasonable to suppose that nature, who forms every organ perfectly in all other instances, and to every organ and part of an organ allots some function, would have formed this most beautiful and perfect of all optical instruments, the eye, perfect in all respects but this one, and left chance or habit to finish her work? Now as surely as there is a function per-

formed there is an organ appropriated by nature for the performance of that function. Lastly, if man in infancy beholds all things inverted, must not other animals also? And have we not daily and incontrovertible evidence that the colt, calf, &c. see objects in their natural positions?

The next in order is the theory of Berkeley. He asserts that the position of objects is always judged of by comparing them with our own, and that as we always see ourselves inverted, external bodies are in the same relation to us as if they were erect. Any one that will take the trouble to stand on his head or stoop down and look at objects through or between his legs, will be convinced of the fallacy of this doctrine. But this Berkeleyan theory is so absurd that we deem it a loss of time to notice it further. The only other theory on this subject extant that has any semblance of reason in it is that of Sir David Brewster. But the inadequacy of this theory to account for this phenomenon has been ably shewn by many physiologists, and this, like all the other speculations on this subject, will not stand the test of a critical examination. Duglison's explanation is no explanation at all. He says, "as soon as a ray from an object has impinged upon the retina the physical part of the process is completed; an impression is made upon the retina, the brain appreciates the sensation and the object is seen in its true position." The object is seen in its true position—but how is this? for if the impression made upon the retina is a reversed one, and the brain appreciates the sensation made by this impression, it certainly should be a reversed sensation.

Function of the chiasma nervorum opticorum.

It has been alleged that the use of the chiasma is to amalgamate the two impressions made upon the retinæ, so as to convey to the individual the sensation of a single impression only. This beautiful but false theory emanated from that hot-house of genius and intelligence—the mind of Newton. But in this instance it seems to have brought forth a beautiful wild flower valuable only for its beauty—a flower which will not stand the cutting blast of criticism, and when transplanted dies, save when it finds some genial spot akin to its parent soil. Such a spot it found in the mind of Wollaston and some few others. We may be deemed presumptuous in saying that anything springing from such a source is false and fruitless; but we hope to prove what we say, and not only to prove that this is not the function performed by the chiasma, but to shew what its function is.

There are some anatomical facts which at the first glance would seem to favor this hypothesis of Newton's. In the first place each tractus opticus sends some filaments across the

chiasma to form part of the opposite optic nerve, while the other filaments continue on to form part of the optic nerve of its own side, so that it will be seen that the right side of each retina comes from the right tractus opticus and the left side of each retina from the left tractus opticus. The deduction then was, that if the pictures of an object be depicted at the same instant on the left sides of the two retinæ, or on the right sides, the impression in either case will be communicated to the same tractus opticus, and the impressions will be referred to the same side of the brain and produce the sensation of a single impression; or in other words, that parts of the two retinæ are identical, and that the identical parts derive their origin from the same tractus opticus, and the parts which are nonidentical from different tractus optici. If this theory was true the second pair of nerves (the optic) should be the only nerves possessing identity of sensation, for they are the only nerves furnished with a chiasma. But it is a well established and undeniable fact that it is also an attribute of the first pair, and the portio mollis of the seventh. Both ears are generally employed synchronously in hearing, yet the sensation of a single impression of sound is conveyed to the sensorium; both nares are used in the appreciation of odors, yet the sensation of a single impression of scent is produced; and as we have before stated, neither the olfactory nor the auditory nerves are provided with a chiasma; yet according to this theory they should be thus endowed, or how are the two impressions made upon each tympanum, or the sensations imparted to the schneiderian membranes, to be amalgamated? Secondly, according to this theory, when morbid affections of one side of the brain produce amaurosis one side of each retina should be implicated; whereas experience proves that in a majority of cases one retina is almost wholly paralyzed, and vision extinct in one eye and retained by the other.

Thirdly, if single vision in man is explained on these grounds, single vision in other animals should admit of explanation upon the same principle. Now, many animals have the axes of the eyes directed so laterally that the same object can never be depicted on both retinæ at the same time; and if the relative directions of the optic axes in animals bear relation to the amount of reciprocal identity in the retinæ, and if this reciprocal identity is dependant on the decussation of the chiasma, the structure of the chiasma should vary as the relative directions of the optic axes. But this is not the case; on the contrary, there are many examples where the anatomy of the optic nerves is at variance with what the relative directions of the optic axes would require to uphold this theory.

on for some time past. Educated, intelligent youths are now trained to the business; and in all our large cities are to be found apothecaries and druggists, who, for capacity of intellect, extent of information and elevated tone of principles, may compete with any who belong to what are called the learned professions. And how has this desirable result been produced? Mainly through the active agency of these colleges of pharmacy. Within their walls young men have been furnished with the means of instruction. On all the important branches—chemistry, materia medica, botany and pharmacy—able professors are provided; great facilities are afforded for becoming experimentally acquainted with the art and mystery of the apothecary, and the diploma, granted only after a strict examination, is now regarded as a true test of merit. A stimulus has been given to the whole profession, which has elevated its character and made the druggist not only a more honorable but a more useful man. The medical profession is therefore indebted to these bodies, deeply indebted, for efficient and timely support.

Nor is the public under less serious obligations. The life of an individual is often in the hands of the apothecary. How important then, that that apothecary should be capable and instructed—how important that he should possess that refinement of mind, that high moral principle, which can alone make him feel the true responsibility of his office. To the ignorant and the vulgar, a mistake, even if it involve life, is only a mistake—one of those accidents to which all are liable. To the educated and high minded, a mistake, even if it but occasion a temporary inconvenience, is painful and distressing. The graduate of the college of pharmacy comes forth from its walls with this maxim engraven upon his mind: "Constantly aim at perfection in knowledge and manipulation, as one to whom is hourly entrusted the life of a fellow creature." On the score of imparted confidence, then, the public owes much to these institutions.

To the New York college are we mainly indebted for the passage of the "bill for the prevention of the entrance of adulterated drugs into the American market." Through those avenues of commerce, the great commercial sea ports, quantities of worthless medicines have been poured into this country; and once admitted here, in some way found a ready circulation through the land. The direct and indirect mischief produced was very great. Through the energetic remonstrances of the college and the untiring and self-sacrificing efforts of its members, the bill was passed by congress, appointing competent and efficient inspectors, and prohibiting,

under severe penalties, the importation of any but pure and unadulterated drugs. It needs no argument, certainly, to convince any reasonable mind, that a great good was thus effected. The colleges of pharmacy have attained a position which will secure to them public confidence and support; they have become a necessity to the public, and therefore will be sustained.

It is important that there be unity of action as well as feeling between them and physicians. They are connected by ties which cannot be severed without unnatural violence. They are each a necessity to the other. It was a matter of regret to those who wish well to both, that an apparent difference should have arisen at the last annual medical convention at Charleston, from the nonreception of a delegate from the New York college. I say apparent, for I am persuaded that this nonreception was the result of an entire misconception of the views of the college. That body had no desire to assume an unwarrantable position—nor did they, by this act. That convention had, as was understood, two objects in view, the advancement of medical science and the good of the public. To this end delegates from *all medical societies and colleges* were invited to confer and deliberate upon the important topics presented. Most assuredly a college of pharmacy is a medical society, and an important one too. There can scarcely a subject be presented for discussion, which will not involve, either directly or indirectly, matter which is the peculiar province of such college, and respecting which, through its representative, it can give the best information.

The college of pharmacy neither desired nor expected to gain additional credit or standing by thus uniting with the medical convention. Its object was to assist in the promotion of medical science, and extend its sphere of usefulness—nothing more. The postponement of the final settlement of the question until the next meeting at Richmond, shewed that doubts existed in the minds of the majority as to the propriety of the rejection. I trust that then all doubts will be dissipated.

Medical Society of Virginia—February Meeting.**DR. JAMES BEALE, 1st Vice President, in the Chair.***(Present—29 Fellows and Visitors.)*

After the minutes were read, the following gentlemen were balloted for and declared elected fellows of the society :

Thomas Bagwell, M. D., <i>Accomack,</i>	F. M. Boykin, M. D., <i>Isle of Wight,</i>
Thomas Creigh, M. D., <i>Greenbrier,</i>	B. F. Browne, M. D., <i>Westmoreland,</i>
Jas. S. Browne, M. D., <i>Suffolk, Va.</i>	Alex. H. Mason, M. D., <i>Falmouth,</i>
James A. Leitch, M. D., <i>Charlottesville,</i>	Jas. Micaux, M. D., <i>Richmond city.</i>

Numerous applications for membership were made and laid over.

The subject of the evening being called up, the following paper was read :

A Dissertation on the Function of the Chiasma Nervorum Opticorum--Or the reason why we do not see objects in an inverted and reversed position.

BY R. A. LEWIS, M. D.

This is a subject upon which a great deal has been said ; and although some of the brightest and most profound intellects that the world has ever produced have endeavored to solve this gordian knot, as yet all have failed or have used the sword. But notwithstanding all our predecessors have failed in accounting satisfactorily for this phenomenon, we should not deem it one of those things entirely incomprehensible to man, and ordained ever to be so. For if this principle had prevailed, how many of the operations of nature, which are now so clearly understood, would still have been enveloped in mystery ? It may be said that this is a subject of no practical importance, and that it is a mere waste of time to attempt its solution. But apparently the most trivial discoveries are often the pioneers that remove the obstructions which hide from our view that which is both useful and beautiful.

Who would have thought that the discovery of rendering soft iron magnetic would have revealed the means of conveying intelligence from Orient even to Occident in the twinkling of an eye. And who can say, if this mystery is solved, that it may not add another link to the chain of scientific discovery ? It may be a key which will unlock some of the secret avenues of that great magician, the encephalon. But I do not pre-

tend to have dispelled the clouds which surround this subject : I merely present an hypothesis for your consideration, for the purpose of having the subject scrutinized and examined by scientific and thinking men of this day. And although I may have failed, some of you may be so fortunate as to overthrow the monster Ignorance, who now guards this door of the ivory castle.

Before beginning the discussion of this subject it is proper to state that these diagrams being merely intended to illustrate a principle, it was not necessary to make *fac similes* of the eye, or to give the deflections and refractions of the rays of light in passing through the different media. Nor was it necessary to use cones of light, simple and straight lines answering the purpose of illustrating the subject, and being less complicated. Fig. 4th is only intended to illustrate the principle and not to represent the exact manner in which the image on the retina is again reversed. The principle contended for is, that there are both oblique and direct rays of light entering the eye, and that, as there are both straight and decussating filaments of the optic nerves the impression made by the direct rays is transmitted by parallel filaments of the optic nerves, and the sensation or impression made by the oblique rays by the oblique or decussating filaments of the optic nerves. And these diagrams do not pretend to shew the *exact method or manner* by which this is done, but to illustrate how it may be done by such an anatomical structure.

not laid for him by the law. If his suspicions had been excited, it would have been perfectly justifiable for him to decline to examine the seat of the injury, or to state that he should demand a fee proportionate to the trouble, &c. which the case involved; it would be also perfectly justifiable that he should demand a fee, on the ground that his decision to the patient would decide the commencement or abandonment of a suit, as a lawyer is paid for the examination of a case, to see if an action is likely to be successful; but, having omitted to do this, he stands in the same position as the witness to any other transaction, and the law is not responsible.

Let us now examine whether on the witness stand the medical man is subjected to any worse treatment than any other witness from the other classes of society.

Now, the method which has been adopted in this country, derived from our English ancestry, is the trial by jury. As a consequence of this, the appearance of witnesses on the two sides of the case is rendered necessary, from whom the truth is elicited, or attempted to be elicited, by an examination made by the lawyer of the summoning party, and a cross-examination made in a similar manner by the opposite party, which is intended as explanatory of the first. It is quite possible that this may not be a perfect method of arriving at the truth, still it is the one adopted, and probably is liable to as few objections as any other that could be proposed to be applied in all cases; at any rate, it is the one to which all are subjected, and the medical man has no right to claim an exemption.

Now, in proportion to the seeming importance of the witness to one side, must be the severity of his cross-examination by the other, and this cross-examination will of course be directed to the detection of flaws in the testimony already given. A medical witness has no prescriptive right to expect that his dicta are to be taken on the stand merely on his own authority; his reasons must be asked, and he must be prepared to defend them; and if, as must happen in certain cases, the value of the evidence is dependent upon the capability of the witness to make an accurate observation, he must not consider it an imputation to be resented, if he be questioned not only as regards the grounds of his opinions, but also on his means or opportunities of having acquired the power of forming an opinion. Thus, if testimony were being given with regard to an accident to a limb, where from the nature of the case the diagnosis, from its acknowledged obscurity, required an accurate knowledge for its formation, questions directed towards these points could not be objected to; for, although the jury may be perfectly incapable of understanding the

questions put, still, by the answers made, they can form a very good opinion of the value of the testimony given. In fact, this cross-questioning may really be considered as an advantage to the witness who is competent to testify, as it marks the difference between him and the incompetent one. It is true that this examination into the capability of a medical witness is often conducted in a manner somewhat annoying; but, perhaps, it may be well to distinguish how much of this annoyance arises from the natural disinclination, which every one feels, to have his ability to judge of any fact in his profession questioned, and then it may be found that the enquiry is conducted generally as fairly as possible. At any rate, the process is one to which all witnesses are subjected, and amounts to nothing more than asking a witness, who testifies that he has seen something at a distance, as regards the power of his vision.

Allied to this kind of cross-examination, is one of which medical men often complain, viz: where, by the ingenious statement of hypothetical cases, questions upon the evidence already given, and like devices, an attempt is made to confuse the witness, or to cause him to detract somewhat from the positive character of his previous testimony. This kind of examination all ranges itself, however, under that just alluded to, and is in fact directed towards the examination of the capabilities of the witness to form an opinion or judgment. And in truth those qualities of mind which enable one to arrive at correct judgments and opinions are precisely those which fit him to pass with credit to himself, and with usefulness to the court, through the ordeal of the cross-examination. In testimony upon all scientific subjects, apart as they are from the usual routine of the business of society, and pre-eminently so in that upon medical subjects, the jury are obliged to take the evidence upon trust, and this trust must be founded upon the character of the mind of the witness as it is elicited by his cross-examination. If, in his testimony in chief, he has been making broad and ill-defined assertions, he cannot expect that his reputation with the jury for judgment and discretion should not be damaged if he is obliged to retract or limit them; neither can he complain if advantage be taken by counsel of such circumstances. The jury are influenced in their judgment of the medical testimony very much as the public are influenced in their opinion of medical men, viz: by their conduct and action in the general affairs of life. Thus, the jury cannot judge of medical evidence as such, but they can tell when a witness is obliged to contradict himself, or to retract from a position once taken; and such circumstances

must necessarily have weight with them. Furthermore, it must be remembered that, although the lawyer has this power of cross-examination, still he is restrained by many circumstances in its use—by his necessary ignorance of the subject, for example, and more especially by his fear lest the answers may be such as to confirm the examination in chief, and thus strengthen the hands of his adversary. In fine, it may well be doubted whether any advantage would ever be obtained over a medical witness, if it were not for some error or misstatement of his own; and any one who has watched cases involving medical testimony would not find it difficult to cite examples where, if the counsel had been a physician, he would have detected errors made by medical witnesses which have passed unnoticed.

It may appear a curious subject of enquiry, why medical men, who are in the constant habit of weighing evidence, and giving opinions on the result, should be so liable to break down when they come to be examined in a court of justice; and perhaps a solution may be found in the following considerations: A medical man, in coming to a conclusion which is to influence his action in any particular case, is seldom so fortunate as to be certain that he is clearly right; he only knows that, all things considered, he is taking the best course. In an extreme case, death, without something be done, being certain, a course of treatment is adopted which is believed to be the most likely to prevent this termination: but it is evident that the foundations of this opinion need not be so strong as they ought to be, where the opinion leads, as it often does in a court of justice, directly in the opposite direction, viz: from life to death. In the one case, action might be taken on very slight grounds; in the other, nothing short of a logical certainty is satisfactory. Medically, a physician feels sure of many of his principles, this assurance amounting by no means, however, to a logical conviction; and the distinction between the two is what the medical witness oftenest overlooks, and which oversight oftenest trips him up. A medical opinion to a patient has this in it which is worthy of remark, that the course of conduct recommended should have its proper effect; it should be given with an air of a certain authority, stating all the affirmative, and somewhat overlooking the negative side. A decision of some kind is almost as important to the patient as that it should be exactly the right one; the medical man, therefore, often states confidently when in reality he has no grounds for any extreme confidence, except that the appearance of it is better for the patient. The patient is to be advantaged by the physician's confidence: the criminal should

have the advantage of his doubts; and to elicit these, which the medical witness is constantly tempted to overlook, is the object of a cross-examination. To conclude, then, this portion of these remarks, it will be seen that the medical man has no cause of complaint that he is subjected to any peculiar treatment in a court of justice; that the inconveniences which he suffers are the consequences of his position as a citizen; and that he will pass through his examination with credit to himself if he divest his mind of all unnecessary fear, and remember that the cross-questioning cannot be severe unless from his own overconfidence and misstatement.

We arrive now at the consideration of the second portion of our enquiry—the position of the physician when present in the court of justice as an expert.

That the opinion of a physician should be asked, implies that it is of importance in the decision of the case—and so far it is a compliment to him; and if he undertakes to give it, he assuredly cannot complain if he be called upon to defend it against the cross-examination. If an engineer gives an opinion upon the construction of a lighthouse, or any other public work, he expects that this opinion will be canvassed and subjected to the test of examination by the party employing him; and, moreover, he expects that many groundless objections will be brought against it, and perhaps even unfair attempts made to make particular points appear weaker than the reality. This labor he voluntarily undertakes, and he must abide by the consequences. But is the position of an expert in a court of justice one which he can accept or decline as he may please? It is clear that any witness may be summoned whom counsel may say is necessary for their case; and when thus summoned, may not an opinion be elicited by questions put for the purpose? A compulsory power of this kind evidently cannot exist, and for several reasons: 1st. From the impossibility of its exercise: it would be impossible to make a witness hear the evidence in a case, and then give an opinion upon it. He may be cited on the stand, and when asked if he has heard the evidence, reply in the negative; of course, then, he will have no opinion to give. It would be still more impossible to make him do an act by which an opinion might be formed, as to examine a case, to make an autopsy, or a chemical analysis. A physician's opinion is the result of his education; his education is the result of his time and money expended in its acquirement; and an individual has no more right to extract it from him on the witness stand than in his own office. 2d. This point has not been left undecided by the law. In the English courts (1 *Carrington & Kirwan*,

N. P. 23, *Webb v. Page*, March, J.) it has been ruled that the testimony of an individual cited as an expert is voluntary, and he may decline to give it, if it so seem fit to him. A decision so manifestly just would undoubtedly be maintained in this country, if at any time any physician or other scientific person cited as an expert should wish to make the trial. It results, then, that no physician, unless he choose, need give testimony as an expert; and the remuneration which he may demand is of course to be regulated by his other and similar professional charges; and the expert may always be sure that his remuneration will be gladly and willingly paid by the party employing him, since it is often his evidence which makes the turning point of the case, and is of the chiefest importance. That physicians are often used as experts without pay cannot be denied; but it is no less true that their services in other instances often go unrewarded, even by those who should blush to permit it. This is in a degree the fault of the physicians themselves, and in a degree the consequence of circumstances too numerous to mention at the present time. My purpose will have been attained, if I have shewn that the practitioner of medicine has no cause of complaint against the law or its ministers. To make himself respected, and to be successful as a witness, the physician has only to maintain that deportment and bearing of manner, and circumspection of his opinions, which would gain him credit elsewhere. And to obtain his rights—by which is meant a just remuneration for his services—he has only to understand them.

In these brief remarks, I have touched only upon the relation which the medical witness bears to the lawyer who is to question him, as the representative of the law. I have desired to shew that there is no necessary antagonism between the two, and that, although the position of the one who is the questioner naturally places him in a relation somewhat annoying to the other who is the questioned, still, that this is in the line of his duty, and the annoyance is one unavoidably connected with the organization of our courts of law, as a means of arriving at truth, rather than one capable of removal. The ordeal of cross-examination is one to which all classes of witnesses are alike subjected; and it is a matter for consideration, whether the fact that physicians are so loud in their complaints of its severity and unfairness may not in a degree be attributable to their own sensitiveness to questions, even for the grounds of their opinions.

There is one other position in which a medical man may find himself placed with regard to the law—and it may not be without interest to examine the views which should influ-

ance his course of action. It may happen to any one to be called upon to treat a case in which he suspects the symptoms to be caused by poison administered previously. It is well known, for example, that cases of poisoning by arsenic are often treated as cases of cholera, or some other form of intestinal disturbance, and that certainty cannot, in fact, be arrived at unless from a *post mortem* chemical examination of the contents of the stomach, &c. A physician connected with a case of this kind is in a somewhat unfortunate position, it is true, and has need of considerable judgment to decide upon his best course of action. If only his own ease and comfort were consulted, he would maintain a discreet silence as regards his suspicions, and be careful of exciting in any degree those of others. In doing so, however, he would most assuredly be false to his duty as a citizen, which requires of all to inform of suspected crimes, under penalty, in some circumstances, of being considered an accomplice after the act. Duty requires the declaration. It remains, however, for consideration how it shall be done to avoid on the one hand the exciting an accusation which may prove to be groundless, and on the other, to furnish the testimony, if it shall be required, in such a manner as to make it available to the government.

Under these circumstances, the best course of the physician would seem to be to consult at once the legal officer, whose duty it will be to prosecute in the case, to state the suspicious circumstances, insisting at the same time upon the necessary uncertainty, and giving this as a reason for the unwillingness to make a direct complaint. With these premises, the legal officer would give advice upon the technical points necessary to be observed that the chain of evidence may be complete, provided it should be found necessary to test its strength: directions upon these points should be asked to be clearly given, and then should be followed so accurately that the important points may be sworn to in the court of justice. By management of this kind, which is in fact only placing the responsibility in its true place, the legal officer would strengthen the hands of the physician against any flaws which might be picked by an acute counsel in his testimony, which, arising from a perfectly excusable inadvertence, might place him in an awkward and embarrassing position. The physician who had thus cautiously felt his ground, and never advanced till he was sure of its firmness, would, when he came to the stand, win the confidence both of judge and jury, and would gain for himself there a reputation for sound sense and discretion which a similar careful proceeding always induces in other positions in life. Whereas, if, on the contrary, he should wait

till he perfectly satisfied himself before he made any mention to the legal officers, he would place himself in a false position in several ways; as, for instance, he thus virtually undertakes to vouch to the prosecuting officer that no one of those minute and technical points has been omitted in collecting the evidence, which, although without weight in the formation of his own belief, might be just the connecting link to bind the whole testimony together. In the investigation of every case of this kind, there are certain little particulars liable to be overlooked, because without influence in the formation of our own belief; and yet which may be of the utmost importance in giving that certainty to the testimony as to render it convincing to twelve jurors, which certainty the accused has a right to demand; and an oversight of this kind, thus actually defeating the ends of justice, might very much injure the reputation of a medical man. In a word, by careful proceeding under these circumstances, the physician places a responsibility, which in truth does not belong to him, upon the shoulders which should assume it, viz: those of the legal officer, and makes himself simply a witness in the case. If such a course as this had been followed in several cases to which allusion might be made, much unpleasant bickering and recrimination might have been spared.

The substance of the above has been suggested by views brought under my notice lately, both in public and private, and it has seemed to me to have a certain amount of importance. A lawyer of some distinction, in commenting to me upon the very improved character of the medical testimony given within the last few years, regretted at the same time the jealous suspicions that often appeared to influence physicians when on the stand; and said that, having had occasion often to question medical men, he always approached it with some fear, lest his questions might betray his ignorance; and always with the knowledge that any attempt of oppression on his part could never be successful, provided the witness used a very little care and circumspection in his replies. A medical witness will, therefore, most assuredly appear the better upon the stand if he consider himself there not as a professional man set apart from the rest of society, but as about to fulfill a duty which is incumbent upon him as a citizen; and that the same conduct which gains him credit elsewhere will ensure it there. I have desired to disabuse the minds of my medical brethren of what I conceive to be an error—and I believe that, if I am right, more service will be done than by a bigoted fostering of prejudices which here, as everywhere else, are the parents of much evil.—[*Am. Jour. Med. Sci.*

THE
STETHOSCOPE,
AND
VIRGINIA MEDICAL GAZETTE.

VOL. II.

RICHMOND, VA., APRIL 1852.

NO. IV.

Quinine---A Sedative in Large Doses.

BY R. DICKENS WEBB, M.D., ST. LOUIS, MO.

The present is an age of investigation and improvement. Men in every walk of life have ceased to look back to the past for their models, and to the fathers in science for their opinions.

It is not enough that the old or the learned have advanced an opinion, but this opinion must tally with the facts and phenomena presented to our senses, or the merest tyro will combat and refute it.

It is not enough that public sentiment, which is a still more powerful agent in shaping the actions and *thoughts*, has pronounced in favor of an opinion, for thinking minds are beginning to see the many false positions of this arbitrary power, and to confront them with truth. Every one now investigates for himself, and the *blind* credulity of past ages is passing away before the power of philosophical, inductive reasoning.

While it may be true that enough of that blind credulity still remains in the vulgar mass to serve the purposes of the vender of nostrums, and enable the empiric to exalt his own superior skill, men of science and the true philosopher have cut loose from its entrammeling cords, and *think for themselves*.

To such an extent has this spirit of individual and philosophical investigation gone, that infidelity is the prevailing tendency of the age.

We see this manifested in the thousand and one improve-

ments of the day, built upon the wreck of former revered theories and opinions—in the progress of the natural sciences, pointing to facts supposed to contradict the word of God himself, and in the rationalism of Germany, which is spreading over Europe and the world, and impiously questioning the truth of revealed religion, and building up that form of infidelity which leads to atheism.

Medical men, from the nature of their studies, have been the last to divest themselves of these old prejudices; and even now, when a new opinion is presented for their reception, they are slow to desert the old one and receive the new, though it may have the strongest evidence in its favor.

This is as it should be. No one should be so clear of hypothetical innovations as the medical philosopher; but on the other hand, no one should be more ready than he to receive well-grounded theories. To this tardiness alone can I attribute the stern opposition with which the *sedative* action of quinine has been met by many of the profession.

A vestige of this too great a horror of innovations is, I fear, still lurking in the mind of the author of the article on the “use and abuse” of quinine, and has led him to make the *assertion*, “that the practice of exhibiting this medicine in enormous doses as a *sedative* in inflammatory affections, and as an able adjuvant to the lancet, is becoming to a considerable extent fashionable with physicians, especially at the South. This practice I consider pernicious in the extreme, for all experience indubitably proves the sulphate of quinia to be *excitant*, not only to the nervous, but also to the vascular system.”

Let us see, *first*, how far Dr. Madison’s opinion that quinine is a sedative coincides with his practice, as detailed in the cases annexed to his article; and

Secondly, how far facts will uphold him, in the assertion that “*all experience* indubitably proves the sulphate of quinia to be *excitant*.”

Case 1st. “Inflammatory rheumatism, involving the knee and ankle joints of left leg,” cured by v. s., cups, cathartics and xv grs. quinine.

Case 3d. Severe neuralgic irritation, accompanied by “swelling and tenderness on pressure,” cured by xv grs. quinine.

Case 4th. “Acute dysentery,” principal remedial agent xii grs. of quinine.

Here we have three of the four cases related of evident inflammatory excitement, two of which were cured by the agency of an *excitant*, (quinine,) and the third not much benefited until quinine was used “as an adjuvant to the lancet,”

cups and cathartics. This to me is a singular treatment of disease based upon pathology and therapeutics, if the received opinions of the profession in regard to inflammatory action, and the therapeutical opinions of Dr. M. in regard to quinine are both true. Is it not adding fuel to the flame? and does it not savor of the homeopathic doctrine, "*similia similibus curantur?*"

But, say you, that this beneficial action of quinine is only seen where the case is complicated with the effects of malaria, and it exerts this beneficial influence by counteracting the deleterious impression of this agent, and thus removing the periodic tendency of the disease.

This explanation assumes, 1, that the periodic tendency of disease is implanted in the system by malaria; 2, that the system is so altered by its action, that remedies cease to manifest their ordinary phenomena, and act in direct opposition to their known properties; or 3, that quinine has an *antidotal* power over miasmata.

The whole question of the periodic tendency of disease is still in obscurity; but from observations upon the phenomena of disease where we have no reason to suspect the influence of miasmata, and the tendency to periodicity manifested in the system in health, there is, I believe, more ground for saying that it is inherent in the system and only developed by certain causes, than that it is implanted by and manifested under the action of malaria.

Nor do we find that the system is so altered by its action that remedies cease to manifest their ordinary phenomena. Antiphlogistics, emetics, cathartics, sedatives and *genuine* stimulants still follow their usual *modus operandi*, and why should quinine alone be diverted from its usual action and turned in an exactly opposite direction?

"Because," say you, "it has a specific antidotal power over malaria."

That quinine has a powerful influence over the periodic tendency of disease is undeniable, but does this arise from any specific *antidotal* power over malaria? I believe not; but rather from its making a powerful impression upon the nervous system, which counteracts the periodicity inherent in the system as a unity.

That this is the true action of the remedy, is proven by the fact, that anything which will make a strong impression upon the nervous system will counteract this tendency, and that even mental impressions, where no material agent is used to act as an *antidote*, will have the same effect. Instance upon instance might be brought to exemplify this, but the mind of

every reader will supply him with sufficient examples. We see then that the explanation given of the beneficial action of quinine in inflammatory affections, supposed to be complicated with malaria, is based upon assumptions which have no solid foundation, and must of course be good for nothing. It is a mere phrase explanation, which but carries you one turn farther into an already perplexing labyrinth.

But let us see if we cannot find an explanation based upon more philosophical grounds. This brings us to the investigation of the second part of the assertion, contained in the quotation from Dr. M.'s article, viz: "That all experience indubitably proves the sulphate of quinia to be an *excitant*." Quinine, or the "Jesuit bark," has now been in use since 1640, and during this time its action has been observed under the most varied circumstances of climate, disease and mode of administration. The effects attributed to it have been as various almost as the circumstances under which administered. Thus, enlargement of the spleen, debilitated states of the system, tumid abdomen, sallow complexion, œdema of the extremities, gastritis, diseases of the brain, and almost every complication or consequence of fever, have been attributed to its action, and may it not be more than probable that "the intense cephalgia,* vertigo, deafness, loss of sight, with dilated and immovable pupils, loss of speech, delirium and coma," spoken of by authors, belong to the same category, and should be placed under the class *post hoc, non propter hoc*?

Being raised in a county stigmatized as the "hot bed of malaria and congestive fever," (in a prize essay upon the Medical History of Alabama, by the late Dr. P. H. Lewis of Mobile,) having resided two years in a Southern hospital, where quinine was emphatically *the* remedy in the treatment of fevers, so much so that I have often seen it administered in v and x grs. doses in typhus and typhoid fevers, and having since then practised in a malarious district, I may say I have been almost daily accustomed to its administration from my youth, and have *never* seen any one of the deleterious effects attributed to it; and if I am to believe my own observations, I must say it is probable there has been some mistake in attributing such effects to quinine.

But, granting that these effects do follow its administration occasionally, shall we discard the remedy? Cannot the same

*So well known is it now that this remedy has an exactly different effect, that it is a very common remedy with farmers at the South to relieve severe headaches. Nothing is more common than to see a physician or planter give x or xv grm. of quinine to a patient with burning fever and intense pain in the head and back, with the happiest effect, relieving, as almost by magic, the pain, and leaving the patient in a gentle perspiration, with a soft and slower pulse.

be said of almost every article of *materia medica* which has attained a prominent place as a remedial agent? Has not chloroform its reported deaths, calomel its horrid ulcers, nit. argenti its bluish complexions, and opium its idiosyncrasies in action, to contend with; and shall we for this reason discard them? The Southern patient, at least, is often placed in a situation where he *cannot live* without the aid of quinine in large doses, and he is entitled to it at the risk of some slight unpleasant effects, granting that they are such as have been alleged.

It may not be uninteresting in this connection to point out a few instances in which quinine has been given without bad effects in excessively large doses. As early as 1828, M. Chomel, in a debate before the "Royal Academy of Medicine," stated that "he had frequently given the sulphate of quinine in extremely large doses, to the amount of even sixty-two grains a day, without having observed either gastric inflammation or any of the unfavorable consequences usually attributed to this medicine." (Amer. Jour. of Med. Sciences 1828, p. 206.) From this time to the present, cases, either accidental or experimental, have occurred, in which quinine was largely administered without the deleterious and poisonous effects expected.

I knew a case occurring in the practice of Dr. Smith of Alabama, in which *half an ounce* was taken in a single day, and the patient recovered without any unpleasant consequences.

At the second annual meeting of the Medical society of North Carolina, Dr. Jones stated "that he gave half an ounce of Farr's quinine to a white man aged fifty-four, by injection. He was perfectly relieved, and got well without a bad symptom."

"Dr. Norwood remarked, that he knew of a case occurring in the practice of Dr. Atkins of Orange, where *an ounce* of quinine (Farr's best) was administered in one night to a negro man, with no other effect than is usual in its ordinary administration. On the next day the patient was ravenous to eat and full able to go about, expressing himself as feeling very well." (Minutes, pp. 8 and 9.) From these cases we see there is no necessity for attributing to quinine poisonous properties.

But amidst the diversity of changing opinions that were held of this remedy, one for nearly two centuries was universally admitted. It was regarded by all as *excitant*. This I attribute not so much to false observation as to the mode of administration. This notion clustered around it the accumulated prejudices and experience of the profession for nearly two centuries, and when attacked, it could but be expected that a most bitter resistance would be made. But there were men bold enough to attack this bulwark of the past, and de-

clare and maintain an opposite opinion, until now a large and respectable part of the profession, especially at the South, where the opportunities for observation are greatest, believe in the sedative action of quinine when the system is brought fully under its influence by prompt administration. This revolution, under the circumstances, should at least place the question upon *controvertible* ground, and take it from the category of those which are "indubitably" settled by "all experience."

Let us now take a short retrospect of the grounds upon which this opinion is founded.

Notwithstanding the sedative action of quinine had been frequently observed, it is only for a few years past that it has received the attention its importance demanded, and this action began to be looked upon as a phenomenon arising from a *property* of the medicine, and not as a mere accident arising from peculiar circumstances. I am indebted to Dr. E. D. Fenner of New Orleans for the following history of this question, communicated to me in a letter last summer in answer to a request to furnish me with a concise statement of his observations upon the relative therapeutical action of quinine in large and small doses.

"In 1839, a few physicians of New Orleans discovered that the sulphate of quinine, in doses of from 30 to 60 grains, given at the *onset and height of yellow fever*, would directly put down the fever and *remove all excitement and pain*.

"The late Prof. Harrison (one of them) said they got the idea from a paper of M. Maillott, a French surgeon in Algiers, reviewed in the British and Foreign Review of that year. In 1841, '2 and '3, our army surgeons in Florida, Drs. Harney, Wright, Van Buren and McCormick, found that it would do the same thing with bilious remt. and int. fever. Five years previous, (1831,) Dr. Thomas Fearn of Huntsville, Alabama, cut short a malignant typhoid fever, by giving 30 grains of quinine every hour. He gave 96 grains in two hours. In 1847 and '48 I was induced to try the large doses in the yellow fever of this city, and found it to succeed admirably. It cut the fever short at once, and hence I was the first, so far as I know, to term it the *abortive plan*."

We see from this that it is but little more than ten years since this practice was first introduced, and in this short time it has gained ground so surprisingly that it is "becoming *fashionable* at the South." In 1844, Dr. Boling of Montgomery, Ala., published in the July number of the American Journal of Medical Sciences, his "Treatment of Inflammatory Affections of Malarious Districts," in which he openly advocates

the sedative action of quinine, and expressly declares "its most general effect is that of a sedative, more certainly *reducing* and *controlling* the action of the heart and arteries than any remedy with which I am acquainted." In the same article, in speaking of "its use in inflammatory affections of the chest," he says, "indeed under its controlling influence over the sanguiferous system, the action of the heart may sometimes be reduced from a state of high excitement almost to a natural standard long before any abatement takes place in the inflammatory action as indicated by the physical signs."

The cases upon which these observations are made I cannot here give, but will simply enumerate the diseases, to shew upon what a variety they are made. Meningitis, disease of the brain, with convulsions, acute bronchitis, pneumonia, dysentery, acute inflammation of the neck of the bladder, and acute rheumatism. One of these cases (pneumonia) occurred in a gentleman, resident of Tennessee, and he did not know that he had been at all exposed to malaria, as at his place of residence "fever and ague and bilious remittent are unknown." Such observations, made at the bedside by a man capable of observing aright, should certainly be entitled to their due weight. But it is more my object to present *facts* than comments, and I will not stop here to speak of what is plain to every one.

In the October number of the American Journal of Medical Science 1845, there is an analysis of an "Official Report to the surgeon general U. S. A. on the Use of Large and Small Doses of Quinine in the Diseases of the South," by Dr. J. B. Porter. The object of this report was not to establish any particular therapeutical action of quinine, but simply to determine its practical effect, and the most beneficial as well as most economical mode of administration. These observations were made on nearly 2500 cases which came under the charge of Dr. Porter.

In some remarks upon his observations, Dr. Porter says, "if the tongue be dry, calomel may be given at the same time; but the quinine alone will frequently produce moisture on the tongue and almost always on the skin, a *slower, softer*, and better pulse, and almost immediate convalescence in the patient. *Small doses* of quinine in these cases are not to be relied upon; they are frequently injurious, producing more thirst, pain of the head, dryness of the tongue, and exasperating the febrile excitement."

After two years more of observation and experience, Dr. Boling, in some "Observations upon the Treatment of Remittent Fever, &c.," published in the Amer. Jour. Med. Sci. July 1846, says, "Setting aside the vast advantages to be derived

from quinine, from its power of controlling the periodicity of diseased action, its *prompt, decided and unequivocal influence as a sedative over the heart and arteries*, renders it peculiarly applicable to all those cases of remittent fever accompanied by *force* and frequency of the heart's action.

"In violently inflammatory cases, when the pulse is full and firm, blood letting may and should be used in conjunction with it, not as a preparative, but as an adjuvant, acting with and for the fulfillment of the same indication."

I will add the experience of but one other competent witness, of many others that may be cited. In a letter received by me, July 1851, from Dr. A. J. Mabry, of Selma, Alabama, he writes, "The effects of quinine, which may *always* be recognized by our senses whenever the system has been brought fully under its influence, are coldness and moisture of the skin, and in many instances coldness and moisture are produced, *the pulse soft and reduced in frequency.*"

In this short account of the sedative action of quinine, we have a mass of evidence and experience, founded upon observations made by men of more than ordinary ability, in different places and under different circumstances, which we cannot disregard. We must acknowledge here some influence exerted by quinine, which is very different from that of stimulation. It matters not whether this action be primarily upon the nervous or vascular system, it is still a calming, controlling, softening influence, and hence cannot be considered as the effect of an excitant, which produces a full, bounding pulse and increased action of the heart.

Two reasons may be assigned for the discrepancies upon this point: 1st, the effect upon the nervous system is mistaken for one of excitement of the vascular, and 2d, a difference in the dose produces a different effect.

It is not denied that quinine acts powerfully upon the nervous system, and I have no doubt that many false observations have been made from mistaking this impression for an increased action of the heart and arteries.

I find among my notes, taken last summer, a case which well illustrates this remark.

The case was one of intermittent fever. I had directed the patient to take four grains of quinine every three hours, commencing at 4 o'clock A. M. When I visited him, 8 o'clock A. M., I found that he had taken but iv grs. of the quinine. I gave him two other doses of four grains each, one at 9, the other at 10 o'clock. His pulse at the time the last dose was given was 70. Half hour afterwards the patient seemed restless, and closed his eyes as if to sleep, but would start sud-

denly up, and ask me if I spoke to him. From these symptoms, I feared his fever was again returning—he complained of a ringing in the ears, and said that his head felt as if it was on a hard board. I saw from this, that he was under the influence of the quinine, and was somewhat surprised to see what I mistook for indications of a returning fever and excitement. I placed my hand on his pulse, and to my astonishment found his skin cool and pulse only 60 to the minute. At 1 o'clock it was 62, and when I returned at 2 o'clock P. M. the restlessness and starting had passed off, and the pulse was again 70. Here we have a case which presents two important points: *first*, the seeming excitement caused by the impression of the quinine upon the nervous system, while there was an actual sedation; and *second*, the fact that the pulse was reduced ten beats to the minute by xii grains of quinine administered in two hours.

The other cause of the discrepancy in observation is from overlooking the different action of this medicine in small and large doses. Most of the teachers in our schools are wedded to the excitant theory; and if they mention any other properties, it is done in a casual manner, as being unworthy of notice, or for the purpose of ridiculing it as one of the hypotheses of the day; and thus the student, led by the directions of his teacher, follows him in his mode of administration, and his *timid* experience is added to the accumulated mass of similar experience which has gone before.

I am free to confess this may be all right so far as it goes, but negative evidence should never be placed in opposition to positive. If you administer quinine in small doses, you will see but its effect in small doses, which is excitant; but you should not for this reason deny the evidence of those who have seen its sedative effect when administered in large doses. Nor is there anything inconsistent in thus attributing this double and contradictory property to the same article. We have an instance of the same kind in the case of opium, which resembles the action of quinine more than any other article of *materia medica*.

To shew you that I am not alone in this opinion, I will make a few quotations from the authorities already cited. Dr. Porter, as we have seen, says, "that small doses in these cases are not to be relied on, producing headache, thirst, and increasing the febrile excitement." Dr. Fenner, in the letter already referred to, says, "the action of sulphate of quinine, given in large and small doses, is *altogether different*. In the former, it is a powerful *sedative*, and truly a *febrifuge*. In the latter, it is more of a *tonic*, yet still a *febrifuge*." In addition to

these I may refer to the combined testimony of the profession, which, so long as it was administered only in small doses, placed it as a stimulant, as contrasted with the opinions of hundreds who now believe it a sedative in large doses.

In regard to the "enormous doses" which it is feared will unnecessarily enhance the value of this remedy, when they are examined, will be found within the bounds of reason, and many of them within the bounds in which it is prescribed by those who oppose its sedative action. Thus, in the cases related above, xii grs. given in doses of iv grs. each produced this effect. Dr. Mabry in his letter says, "I have often seen them (coldness of surface and reduced pulse) produced by twelve grains, administered in four grain doses every three hours." Dr. Boling says, "the doses should be efficient, but very large ones are generally unnecessary. To an adult, in a case in which its continued administration for a length of time is advisable, for the purpose of subduing local inflammation by its sedative influence over the heart and arteries, about forty-eight grains in twenty-four hours will be sufficient; and it is better to give it in doses of eight grains every four hours, than to administer it in smaller doses at shorter intervals." Dr. Porter says, "large doses (10, 15 or 20 grs.) must be resorted to immediately."

If administered in this way, I cannot see that the danger of enhancing the value of the remedy will in any manner counterbalance the benefits to be derived from it; and not even upon this ground should I be willing to give up the *large doses*, and look upon them as pernicious; but on the contrary, I regard this mode of administering quinine as one of the greatest improvements in practical medicine of which the age can boast, and second only to vaccination in relieving the sufferings of the human race.

St. Louis, February 6th, 1852.

Epidemic Scarlatina—Gargles of *Sanguinaria Canadensis*.

BY ROBERT G. JENNINGS, M. D.

During the month of September 1851, there was in our neighborhood a general complaint of sore throat, accompanied more or less with the ordinary symptoms of catarrh, as slight chilliness, headache, sore eyes, sneezing, &c. At that time I saw a few cases of well marked scarlatina.

In the month of October this epidemic assumed a much

more formidable character. The attacks were ushered in by more decided chilliness, pain in the back and limbs, tightness across the chest, irritability of the stomach and bowels, and great prostration of strength. The chilly sensations generally subsided in 24 hours, though in many cases it lasted from 2 to 7 days, when a scarlet eruption made its appearance, or a free and general sweating ensued. The anginous symptoms were, in many cases, of the most alarming character, and differed materially from those usually observed in scarlatina. Laryngeal inflammation occurred more frequently than is usually observed in like epidemics, and many of the unfortunate terminations were from acute laryngitis. The glottis presented an oedematous, livid appearance, with a dark inflammatory flush over the fauces and soft palate; and in many cases the uvula was unusually large and transparent, as if filled with serum. More or less difficulty of breathing was generally observed, the effort to talk was painful, and the voice hoarse; and the patients were much troubled with a viscid secretion from the throat, which was difficult to get up, and the accumulation of which during sleep caused them frequent disturbance. The pulse was usually from one hundred to one hundred and thirty beats in the minute, and deficient in volume. The tongue was white or creamy in the centre, with red edges, and shewing the papillæ very large and red, with much thirst; there was distress of the stomach and bowels; frequently tympanitis; coldness of the hands and feet, with disturbance of the cerebral organs, particularly at night, when it often amounted to delirium. The eruption usually lasted from two to five days, after which the cuticle came off in large flakes, with a rapid decline of the febrile and anginous symptoms, return of appetite, &c. But the convalescence was generally unsatisfactory, the laryngeal symptoms manifesting a strong disposition to return even after the patients commenced walking about, and many of them falling victims to that formidable accompaniment a few days or weeks after they were considered out of danger. Dropsy, the usual sequel of scarlet fever, also followed in a large number of the cases.

I am inclined to believe that this epidemic was not so contagious as scarlatina generally is. It broke out in families living miles apart about the same time, and usually went through the family. But in no instance can I point to an attendant or nurse contracting the disease who did not reside in the family, when in numerous instances I have known them to watch the sick days and nights in succession.

The treatment I found most successful in this disease was

to give in the commencement six grs. of ipecacuanha and six of calomel, and follow it twelve hours afterwards, if it did not purge, with a dose of rhubarb and magnesia, or a dessert-spoonful of castor oil. The ipecac. and calomel had generally an emetic effect, but seldom purged. I afterwards interfered very little with the upper portion of the alimentary canal, only giving (when an aperient or alterative was indicated) a few grains of blue mass, or hyd. cum creta. The gastric and enteritic disturbance was usually quieted by hot fomentations over the abdomen, and stimulating, hot baths to the feet, with the free use of tepid emollient enemata. To relieve the anginous symptoms, all the ordinary astringent gargles, as well as the nitrate of silver, were fairly tried, without affording much benefit. I found no gargle half so efficacious as an infusion of *sanguinaria canadensis* in vinegar, alternated with a solution of chlorate of potash; the first used in the early part of the day, and the latter in the evening. The *sanguinaria* infusion was admirably suited to cleanse the throat of the viscid secretion spoken of above, thereby affording much comfort to the patient, and allaying irritation. As an external remedy, a stimulating poultice, kept constantly to the throat, was an important adjuvant. The one employed was made by stirring three teaspoonsful of spirits of turpentine in half a pint of mush for the adult throat, and one teaspoonful for children. Blisters were tried, but afforded a result much less satisfactory.

In bringing this communication before the public, I wish to call the attention of the profession to the use of the infusion of *sanguinaria canadensis* in vinegar as a gargle in scarlatina. I have never seen it recommended in any treatise on that disease, and from recent experience, regard it as superior to any gargle I have ever used, especially when the larynx is seriously implicated. Put half an ounce of the root, sliced, into a pint of vinegar, and shake it frequently, and the preparation will be ready for use in a few hours. The botanical history of the *sanguinaria canadensis* will be found in the United States Dispensatory, where it is described as an active emetic, with stimulant and narcotic powers. In the sixth volume of the Philadelphia Journal, page 295, the tincture is highly recommended for acute rheumatism, after active depletion has been practised, and several cases are given where the treatment was successful. The writer will be gratified if he can contribute to bring into more general use this valuable medicine, which has shared the neglect heretofore too much manifested towards all the articles of our native *materia medica*.

Report of Three Cases.

BY THOMAS POLLARD, M. D., RICHMOND, VIRGINIA.

Case I.—More than 150 Gravel taken from the Bowels of a Dirt-Eating Child.

July 14—Was called to see A. F., a child in his fifth year. Found him suffering with frequent tenesmus and pain in his bowels. Was informed by his parents that they had given him several doses of purgative medicine, which had brought from him *twenty-four gravel*. From subsequent enquiry it seemed he had swallowed these gravel through a morbid appetite, as he had several times been detected in eating dirt and pieces of pine bark. On introducing the finger into the rectum, I found it impacted with these little stones, the last operations of the medicine having failed to remove any of them. I proceeded to bring them away with the finger, and after getting all within the reach of my finger, counted fifty-four thus extracted. I could still touch more, and ordered a free dose of castor oil with eight drops of tinct. opium to allay the irritation and tenesmus, which was considerable, and which had increased by the introduction of the finger and removal of the gravel. The swelling about the anus was considerable, and some blood was made to flow in the necessary manipulation used. There was also decided fever.

15—Rest was procured by the tinct. opium. The oil operated well towards the morning, and brought away 70 more of the gravel, the discharge of which was attended with much pain and some exhaustion. Directed sulph. morph. gr. $\frac{1}{2}$ and mucilages for drink.

16—Slept well after the administration of the morphine, and this morning is very comfortable. Discharged 4 more gravel. Altogether he has passed upwards of 150, some of which measured more than 1 inch in circumference, and few of which were smaller than the end of the little finger. The tenesmus and irritation gradually subsided, and convalescence was rapid. Directed that he should take sulph. iron as a tonic and to subdue the morbid appetite which had given rise to the swallowing of these dainty bits. Was afterwards informed by his parents that the iron subserved the purpose intended, and that he never afterwards ate dirt, pine bark or gravel. I have generally found the sulph. iron to cure "dirt eaters;" and I have been informed that on the large plantations of the South that *copperas* is a very popular and successful remedy among the negro children who eat dirt.

Case II.—Death from Ulceration of Colon and Rectum, and Peritonitis, with but Trivial Symptoms.

March 3.—Was summoned in haste to see Dick, a negro boy, aged 10, who was reported to be ill with colic. When I reached him, which was at 2 o'clock, and in 2 hours from the time the messenger was despatched, he had just breathed his last. The family informed me that he was taken ill early in the morning with what they supposed colic, for which they had given oil and used enemas; that he had been subject to such attacks, which always before had been relieved by these remedies. They further informed me that he had suffered from constipation habitually; that he had somewhat emaciated, but that his appetite was always good, and that they had felt no particular uneasiness about him. Permission was readily obtained for an autopsy, which was made in 2 hours after death. Found the body considerably emaciated. On opening the stomach found it healthy as well as the small intestines as far down as the ileo-cæcal valve, where there was slight ulceration and congestion. The whole colon was found studded with ulcers, some of them very large and apparently of long standing, increasing in number towards its lower extremity. The rectum was one mass of ulceration, particularly at its upper portion. About midway of the colon perforation by ulceration had taken place, the contents of the bowels having discharged themselves into the abdominal cavity, producing rapid and extensive peritonitis and death. The mesenteric glands were much enlarged. The peculiarity of this case was the extensive disease which existed with so little apparent disturbance of the health. Within 9 or 10 hours of his death the patient had attended to his usual duties. Another peculiarity, which, though rare, is sometimes met with, was the constipation existing with such extensive ulceration.

Case III.—Destruction of Ileo-Cæcal Valve, with a Number of Small Bones found lodged there.

The third case I have to detail occurred in a negro woman 40 years of age. She had been subject to frequent attacks of violent colic for some months before she came under my treatment. I found the attacks easily subdued with opiates. From the attendant diarrhoea and gradual emaciation, suspecting structural disease in the intestines, I made trial of nit. silver with a vegetable narcotic, then of sulph. copper and opium tonics, and other remedies—all however to no purpose. The emaciation and debility progressed, and in about eight months from the invasion of the disease, death took place. Post

·mortem 18 hours 'after death. Stomach and small intestines healthy. Extensive disease at the ileo-coecal valve, consisting of ulceration and extreme thickening of the coats of the intestines, and narrowing of the passage from the small to the large intestines. Upon further examination, found in this position a number of small bones, some of them imbedded in the coats of the intestines as if they were making their way through them by ulceration, and others lying nearly loose. They had evidently been for a considerable period of time in their present location, for some of them were nearly absorbed. From the best examination I could make of them, for they were much broken to pieces and absorbed, they seemed to have belonged to a bird—possibly to a small chicken. Some of them which I preserved are in the hands of Dr. C. P. Johnson of this city. The question arises, Whether the bones found at the ileo-coecal valve produced the disease from which the patient died, or whether the disease already existing prevented the passage of the bones? I incline to the former opinion, from the fact already stated, that the bones had evidently been long in the position in which they were found, and the fact that the woman had run away from the person to whom she had been hired, and remained for some time in the woods, a short time previous to the invasion of her bad health, and probably eat ravenously some bird on which she had the good fortune to lay her hands, after long fasting, and from the additional fact that her family were all servants of robust constitution, and the further consideration that she had not previously suffered from any acute disease. The large intestines were in healthy condition, with the exception of some erythema and slight congestion.

I am induced to report the foregoing cases on account of their novelty and interest. These abridged notes were kept at the time of their occurrence.

Dropsy of the Amnion.

BY W. H. PITTS, M. D., OF ALBEMARLE.

During the afternoon of 3d February, I received an urgent call to visit a negro girl of Mr. B. H. B., aged about 17, some 6 miles distant from my location. When I arrived, and before I entered the quarter in which the girl was, her mistress informed me that she was taken on the Friday morning previous, with what they supposed were labor pains; that they sent for a midwife in the neighborhood, who pronounced their conjectures correct; the girl however protested that it could not be

so, for it was not her time as yet—that she did'nt look until the middle of March. Her pains, weak and irregular, continued during that day and throughout Saturday, Sunday, Monday and Tuesday, sometimes attributing her symptoms to colic, then to hysteria, until at length their attention was called to the very perceptible and gradually increasing enlargement of the abdomen, and the constantly increasing general distress consequent thereon—then it was that they at once determined to seek further aid.

When I entered the house, I was struck with the enormous enlargement of the abdomen; placing my hand upon it, it was found to be very tense and tender to pressure. An examination per vaginam was instituted, which revealed an os tincæ dilated to about the size of a quarter dollar, through which a tense bag of waters could be felt. Ballottement at once rendered the diagnosis clear without a chance of doubt. Her pulse frequent and feeble, being 120—respiration short and hurried—skin cool—general restlessness of system—determined me to proceed without delay to the relief of the patient. Upon enquiry, it was ascertained that the girl had passed no urine for some 18 hours, though she had recently made the attempt several times without avail. This induced me to make an effort to evacuate that viscus, but owing to the great pressure upon it by the distended uterus, it was found impossible to introduce the catheter farther than $2\frac{1}{2}$ inches. I then proceeded to evacuate the uterus of its contents by rupturing the bag of waters with the point of my finger nail. It was now $5\frac{1}{2}$ o'clock P. M.; at 6 the bag, during a contraction, burst, and from what escaped into the vessel and on the floor, and afterwards during the process of the labor, I hesitate not to say, that at least 7 or 8 quarts of water escaped. The abdominal distension was at once relieved—her breathing became natural—pulse fuller and at the rate of 112—labor pains active and regular—and at $11\frac{1}{2}$ P. M., a living foetus was expelled; it seemed to be of 7 months development, was very puny and attenuated—it lived 3 days. I examined the appendages very minutely, but perceived nothing abnormal about them.

The patient, after the labor, expressed herself as quite comfortable—the pulse at 3 A. M. had fallen to 88, full and soft—I saw her again on the next day at 4 P. M. She expressed herself as free from pain—had slept throughout the day—the pulse had now assumed its natural character—and from this time henceforward she convalesced rapidly.

The etiology and pathology of amniotic dropsy I leave to the learned in the profession, who can enlighten us.

North Garden, Feb. 20, 1852.

For the Stethoscope.

Extraction of a long retained Foreign Body near the Anus.

REPORTED BY J. ALEXANDER WADDELL, M. D., STAUNTON.

February 1st, 1852—I was called to see Mr. P——, aged about 60, a healthy, sober man, of active and industrious habits. Two months ago he began to suffer with tenderness in the neighborhood of the anus, and shortly after severe pain and swelling ensued. When I saw him there was evident fluctuation of the part; and upon lancing, a copious, purulent and fetid discharge followed, but without apparent communication with the rectum. A tent was introduced, and fomentations, &c. were applied.

I lost sight of the case up to the 5th of this month, (March,) when I visited him by request. He said there was still a discharge from the affected part, but he feared "another sore" was coming which might require lancing—that before he sent for me he had requested a friend to puncture it for him, but in attempting to do so the lancet encountered something so hard as to prevent farther efforts. Upon examination, I perceived a small prominence about an inch from the former opening, and rather nearer the ischium than the anus, which imparted the sensation as if a bony substance was underneath. It completely impeded the progress of the lancet, so that I was convinced it was of a bony character, and accordingly made such an incision as enabled me to grasp it with the forceps. By a very slight force I extracted it. It was a white, smooth, rather flat substance, convex at one end and a little irregular at the other, and measured an inch and a quarter in length by one-fifth of an inch in breadth. At first I thought it was certainly bone, but upon minute examination it turned out to be a *piece of wood of very compact fibre*. With the probe I ascertained that the canal thus left communicated with the old cavity, and extended in a vertical direction.

All parties were much surprised at the discovery, and in no possible way could the matter be accounted for. Subsequently though, in his endeavors to think of some injury which might shed light upon the difficulty, the patient recollected that *six years ago*, while driving a two horse wagon loaded with wood, he ran a splinter into this region—that it was soon extracted, as he thought, and gave him no farther inconvenience.

It is a well known fact that deep seated parts suppurate less readily than superficial, and that a body lodged deeply in the cellular tissue often excites adhesive inflammation, which is followed by the formation of a cyst, while in other parts

suppuration speedily ensues. But is it not strange, that in a situation so exposed as this to *pressure* by riding on horseback, &c., a foreign body of *this character* should remain for so long a time without inducing the state of things that only occurred a few weeks since?

Imaginary Cases.

A correspondent in the last number of the *Stethoscope* relates a case of *lead colic*, produced by swallowing a piece of lead pencil. I presume it was one of the ordinary kind, of *black lead*.* Now, it so happens that black lead, or plumbago, is simply a form of carbon, very nearly pure. The writer was evidently misled by the name, having forgotten his collegiate instruction in chemistry. Had he however consulted any work on pharmacy or chemistry, he would have saved himself the awkward blunder of reporting a case of *lead colic* produced by *charcoal*. His patient, too, would have been saved any further treatment except that which was required for the removal of the indigestible body from the intestinal canal, and for allaying the irritation which it may have produced.

This case reminds me of one which I heard related during my collegiate course. A student of medicine, around whose head the honors of the doctorate were rapidly gathering, was sitting in the office of his preceptor, enjoying in anticipation the emoluments and renown of his future career, when his reveries were suddenly interrupted by a hasty summons for the doctor to a case of poisoning. The doctor being absent, the case admitting of no delay, and the student feeling himself fully competent to undertake the management of the case, he hastened to the scene of danger. He there found a female, with a pale, anxious countenance, surrounded by her friends, who adjured him to save the life of the patient. He was informed that she had purchased from an apothecary and taken a large quantity of arsenic. Some of the remaining white powder was shewn him in a paper and some in a basin which she had vomited. The wretched victim of this act of suicide was suffering from burning in the pit of the stomach, with occasional rigors and vomiting. Not a moment was to be lost. The stomach was promptly washed out by an active emetic,

* We are satisfied that the pencil swallowed was one of the ordinary lead pencils used by school boys, and made by moulding shot or pig lead in a reed or other tube. We cannot well understand, however, how this could produce *colica pictorum*, as pure lead is insoluble.—[Ed.]

followed by draughts of warm water; a blister was applied to the epigastrium, demulcent drinks directed and external warmth applied. The treatment was triumphantly successful, and he received the highest encomiums from the patient and friends. Who was the apothecary? he enquired, with becoming indignation. Who sold the poison? for he has rendered himself justly amenable to the laws regulating the sale of poisonous drugs. Leaving his patient in a state of safety, he hastened to the store of the apothecary, and commenced pouring upon him a torrent of reproofs. The latter listened patiently until he came to a full stop, and then coolly enquired if he had anything more to say. At this the guardian of life and health launched forth in a still severer strain, and wound up by threatening exposure if he ever heard of a repetition of the offence. As he appeared to have exhausted all he had to say, the apothecary calmly replied, "If you had approached me courteously at first, I would have explained the whole affair to your satisfaction. The woman came into my store and asked for arsenic, which, from her agitated manner, I felt satisfied she desired for some criminal purpose. If I had refused to supply her, she would probably have procured it elsewhere, and I therefore substituted CALCINED MAGNESIA."

A.

Medical Society of Virginia—March Meeting.

DR. BEALE, 1st Vice President, in the Chair.

(Present—22 Fellows.)

This meeting of the society was held in the Richmond library room in the Athenæum, which was courteously tendered by the directors.

After the minutes were read, the committee on nominations reported that the following gentlemen had made proper application for fellowship, and, upon enquiry, were duly vouched for and recommended for election. They were then balloted for and elected fellows of the society.

Charles Minor, *Albemarle*,
R. Connally, *Nottoway*,
B. P. Reese, *Dinwiddie*,
C. G. Zehmur, "
Thomas Withers, *Petersburg*,
John Howlett, "
J. W. H. Trugien, *Portsmouth*,
J. L. Twyman, *Amherst*,
O. B. Finney, *Accomack*,
Philip B. Baker, "
W. F. Thompson, *Dinwiddie*,
P. F. Southall, *Amelia*,

R. B. Hobson, *Chesterfield*,
C. W. Ashby, *Culpeper*,
J. R. Garnett, *Henrico*,
T. L. Robinson, *Pohatan*,
T. P. Shields, *Cumberland*,
C. F. Moseley, *Buckingham*,
Beverly Grigg, *Farmville*,
J. L. Gillespie, *Page*,
R. M. Taliaferro, *Franklin*,
Hume Field, *Dinwiddie*,
R. O. Funsten, *Clarke*,
George Nicolson, *Middlesex*.

The subject for discussion being called up, Dr. JAMES BOLTON proceeded to read the following interesting paper:

Case of Disordered Menstruation.

Retention of Urine cured by Galvanism—Suppression and Retention of the Menses—Vicarious Discharges—Partial Paraplegia.

The following case is one of unusual interest, having been the standing puzzle of the faculty of this city, most of whom have at one time or other had the patient under their care during the last twenty odd years. It will doubtless be recognized by many of them as the well known case of Miss Polly Blunt.

M. B., aged 42,* unmarried, seamstress—of strongly marked chlorotic appearance.

My acquaintance with her commenced about the year 1842. Her previous history, as related by herself, is as follows: When about 14 years of age, and in the enjoyment of fine health, she ran through a snow bank in sport during the menstrual flow. She was immediately seized with violent rigors, and menstruation ceased. A severe attack of pleuro-pneumonia followed, from which she slowly recovered, with a constitution impaired for life. About three years after, she suffered intense pain from retention of urine. A physician being sent for, discovered two tumors, one in each iliac region. The introduction of the catheter was followed by a copious discharge of urine, the subsidence of the right tumor and relief from pain. This tumor was evidently therefore, the distended bladder.

The tumor in the left side continued to increase for about three weeks, when it nearly filled the abdomen. Pains then commenced in the tumor and increased in severity several hours, when, with a violent expulsive effort, several quarts of a reddish fluid were discharged *per vaginam*.

From the first discovery of these tumors she continued in the same condition, requiring the daily introduction of the catheter, and subject to successive fillings and evacuations of the abdominal tumor. These evacuations occurred at intervals commencing at four weeks, and gradually lengthening to six weeks. The tumor commenced forming immediately or very soon after a discharge had occurred.

After several years her physician succeeded in restoring the menstrual flow, and during this period she was entirely ex-

* According to her own belief. Dr. C. P. Johnson was informed by a near relative of hers that she was several years older.

empt from the abdominal tumor, yet still requiring the use of the catheter. Unfortunately, this state of relief was only temporary. After some months she again passed her period of menstruation, and immediately the tumor made its appearance, gradually increased to maturity and discharged as before.

Several times vicarious enlargements and evacuations occurred.* Sometimes the tumor, instead of rising from the pelvic cavity, appeared in the epigastric region, and then a fluid precisely similar in character and quantity was discharged by vomiting.

Sometimes it appeared in the lumbar region, and was evacuated *per anum*.

Such is an outline of the history of the case for the first 18 years, until it came under my care for the purpose of evacuating the bladder.

On introducing the catheter it appeared to me necessary to pass the instrument considerably beyond the neck of the bladder; it then seemed to encounter some slight obstruction, after passing which the urine began to flow. The stream was expelled with sufficient force, and just as it ceased a sensation was distinctly felt as of some firm body striking the end of the catheter and driving it towards the hand.

I soon determined to dilate the urethra for the purpose of more readily introducing the catheter, more quickly evacuating the bladder, and especially of exploring the neck of the bladder to ascertain if any mechanical obstruction existed there. I introduced bougies of different sizes, and then compressed sponges wrapped in oiled silk, until I had dilated the urethra sufficiently to admit my forefinger; but although I carefully explored the urethra and neck of the bladder in this manner, I could not discover anything abnormal.

Believing that the urine did not flow when the catheter entered the bladder, I determined to take advantage of this to enable the patient, if possible, to introduce the instrument herself. Accordingly, having cut off a piece of glass tube about two inches long, and bent it to about the curvature of the urethra, I turned the edges out at both ends like the lips of a vial.

While the urethra was dilated, I introduced this tube until I could distinctly feel, as well as I could judge, the everted edge pass the sphincter vesicæ, but no urine flowed. I then introduced the catheter through this tube, but was obliged to pass it considerably beyond the inner end in order to reach the urine. I tried this experiment several times. This strange

* This statement is confirmed by her physician of that period, Dr. Jno. Dove.

state of the parts I am utterly at a loss to explain. I was in hopes that the little instrument described could be worn in the urethra, and thus form an easy and safe director through which the patient could pass the catheter herself. But it produced so much irritation at the neck of the bladder that the patient was obliged to abandon its use.

During the month of March 1850, having occasion to visit this patient for the purpose of introducing the catheter, I proposed the use of the galvanic battery for the purpose of relieving her and the profession from a source of mutual annoyance, which had then lasted more than twenty years. She readily consented to the experiment, which I accordingly performed with the assistance of Dr. James Dove, who was then usually attending her.

The battery used was an ordinary zinc and copper battery, with alternating currents. I attached one pole to a broad zinc plate, which I applied over the lumbar vertebræ and sacrum. I then connected the other pole with a metallic catheter, which I introduced into the bladder. Powerful contractions were produced, and the urine was expelled forcibly and with some pain. The catheter was then removed, and the pole of the battery connected with it was attached to a zinc plate laid over the hypogastric region, and the current was passed for fifteen or twenty minutes between that and the spine. In this manner the galvanic current was applied daily for about eight days. The patient then complained of almost incessant contractions of the bladder and dribbling of urine. The use of the battery was then discontinued, and about the ninth day from the first application she was able to urinate without the use of the catheter, which she has continued to do ever since during a period of two years.

The question then arises, What was the pathological condition of the urinary organs on which the retention depended? Was it the result of some mechanical obstruction, or was it merely hysterical?

In favor of the former view we have the following facts: Its occurrence simultaneous with obstructed menstruation; its extremely long continuance under various circumstances of health and disease; the necessity of passing the catheter beyond the sphincter in order to draw off the urine; the sensation of some firm body striking the catheter; and no incontinence being produced by extreme dilatation of the urethra.

The following facts favor the latter view: No obstruction could be discovered by a careful exploration with the finger; the patient was very hysterical; and the retention was cured by galvanism. The last fact is to my mind nearly conclusive

that, whatever abnormal condition existed, the retention was really hysterical. If this were otherwise, then it is the only instance in which I have seen any permanently beneficial effect produced by galvanism used as a therapeutic agent. If there were a mechanical obstruction, it is altogether improbable that it would have been removed by such means. I will not deny, however, that neither alternative offers the true solution of the case, and that it may have been caused by defective innervation, relieved by the stimulus of electricity.

The most remarkable feature, however, in this anomalous case is the large abdominal swelling subsiding after a copious vaginal discharge. On what pathological condition did this depend? In order to determine this, it may be well to describe it more minutely. If at any time the patient passed her menstrual period, in about a week the tumor could be felt distinctly rising from the left iliac region. It continued to increase for about five weeks, when it nearly filled the abdominal cavity, extending above the umbilicus and across to the right lumbar region. About a week before this, the patient began to be troubled with gastric disturbance, evidently owing to the encroachment of the tumor upon the region of the stomach. At the same time it became necessary to incline the point of the catheter more upwards and to keep it closer to the symphysis pubium. Having reached its maturity in about six weeks, the patient began to complain of uneasy sensations, which she declared to be the forerunner of what she called the "bursting of her side." These increased in severity until bearing down pains came on at regularly diminishing intervals almost precisely like those of labor. After continuing about twenty-four hours they were relieved by a sudden gush of a reddish fluid mixed with coagula of blood, amounting to about a gallon and a half. The tumor then subsided, and the patient felt faint and exhausted. Frequently, after the interval of a week, the tumor could be felt rising again in the pelvis—a sure indication that the patient was about to pass through the same series of symptoms. I have been able to count up between sixty and seventy such occurrences from their commencement to the last one, which took place about four years since.

On a review of these symptoms, the true explanation of the case appeared to me to be this: There was first a retention of the menses from some obscure cause; this fluid acted as an irritant to the inner lining of the uterus, causing it to secrete a morbid fluid resembling that secreted in health, and producing also a congested condition of the organ, which caused an extravasation of blood; when the uterus was so

much distended as to become subject to its physiological law of contraction, as in the last stage of pregnancy, then pains similar to those of labor occurred, and the uterus expelled its contents.* Believing this to be the true view of the case, I endeavored to dilate the os and cervix of the uterus by means of bougies, but the patient complained of so much pain that I did not persevere in this treatment.

I also endeavored to restore the menstrual secretion by emmenagogues; and when I succeeded, the abdominal tumor never appeared; but so sure as she passed a period, I could predict its recurrence after a longer or shorter time. The remedy which I found most efficacious was the ammoniacal injection.

Several times the usual period of the evacuation of the fluid was anticipated by the use of ergot.

My reasons for believing the explanation I have given to be the true one are these: The abdominal enlargement followed an attack of amenorrhœa, and never occurred when the menses were regularly excreted. The discharge of the fluid was preceded by powerful uterine contractions, the fluid resembling the catamenia. Ergot hastened the discharge. The cause of the paraplegic condition also is involved in much obscurity. The patient is unable to stand or walk except when firmly supported. When making these efforts she complains of weakness in the back and an inclination to fall backwards. I have sometimes thought it possible that a morbid growth arising from the sacrum and pressing upon the uterus and bladder, might account for all the phenomena; but there being no aggravation of the various morbid symptoms, and on the other hand some amelioration of them, there can be no such tumor, at least in a state of increase. I ought to add, in justice to the patient, and in confirmation of the statement here presented, that she enjoys an unblemished reputation, and with the exception of the disposition to exaggerate which usually accompanies hysteria, her statements are entitled to the fullest credit.

NOTE.—When I took charge of this case, I did so under a strong impression, derived from her previously attending physician, that the abdominal tumor was ovarian; and a considerable time elapsed before I began to form the opinions here expressed. In the mean time opportunities were lost for making observations, which would have assisted in making a diagnosis. I feel firmly convinced, however, of the correctness of the opinion which I have advanced in regard to the nature of the tumor.

* I am sustained in this view by Prof. C. P. Johnson, who states that the last discharge occurred when, according to information in regard to age derived from a reliable source, she had reached the period for the final cessation of the menses.

The paper elicited numerous enquiries and remarks from several gentlemen present.

The society then proceeded to the consideration of a resolution offered at the last meeting in regard to one of its fellows, which, after debate, was allowed to be withdrawn. A resolution was then adopted, expressing disapprobation and censure of the conduct of which the fellow admitted himself to have been guilty, but restoring him to communion in consideration of his expressions of regret at his course and of his determination to act in strict obedience to ethics in future.

A Licentiate Medical Board.

Dr. GOOCH offered the following resolution, which was adopted with but one dissenting voice:

“Resolved, That a committee of five (of which the first vice president be the chairman) be appointed to memorialize the legislature of Virginia for the passage of a law for the establishment of a state board of examiners for the examination and license of practitioners of medicine in this commonwealth, and to report to the annual meeting, on the first day of its session, the memorial, setting forth the plan which may be deemed most feasible.”

The committee was announced, to consist of Drs. BRALE, RODDY, GOOCH, HAXALL and SCOTT.

The following resolution was then adopted:

“Resolved, That the president be instructed to appoint the number of delegates to the American Medical Association to which this society is entitled, and that he be included in the delegation.”

Several bills were presented and ordered to be paid.

The society then adjourned, to meet again in the Library room on Tuesday evening, April 27th, at 7½ o'clock P. M. The annual session will commence on the next day, when we hope a large number of fellows from all parts of the state will be in attendance.

Annual Meeting of the Society of Alumni of the Medical Department of Hampden Sidney College.

The annual address before this body was delivered in the chemical hall of the college on Saturday evening, March 13th, by Dr. MANDEVILLE THUM of Louisville, Kentucky. The audience, though a large and most respectable one, was not so numerous as it would have been had not an erroneous im-

pression, that the public would not be admitted, prevailed to a considerable extent. The effort of Dr. Thum was one of great credit to himself, and was warmly received by his audience. Dr. T.'s subject was "the history of medicine among the Arabs." He treated it with rare ability, and evinced a familiarity with ancient medical literature and history rarely possessed by medical men. He wound up with a handsome and feeling tribute to his alma mater, and a warm greeting to his brother alumni, after an absence of ten years from the theatre of his scholastic labors.

[In our next we hope, if we have not space to publish the whole, to give our readers a running sketch of the interesting paper.*—*Ed. Steth.*]

The regular annual meeting was held in the college hall on Monday 15th inst., Dr. P. CL. GOOCH, president of the society, in the chair.

In the absence of the secretary, Dr. JNO. G. LUMPKIN of Hanover was elected secretary *pro tem*.

The graduates of the present session of the institution, together with several other alumni, were then elected members of the society.

Dr. CARTHON ARCHER, one of the regular appointed essayists, then read a highly instructive paper on the "*Ganglionic Nervous System*," after which the following resolution was adopted:

"*Resolved*, That this society tenders its thanks to Drs. Mandeville Thum of Kentucky, and Carthon Archer of Henrico, for the able manner in which they have discharged the duties of orator and essayist at the present meeting."

On motion, the president was instructed "to appoint ten delegates to represent this society in the next American medical association, and to name alternates, in case any of these should be unable to attend its next meeting." The following gentlemen were appointed:

Dr. Mandeville Thum, *Kentucky*,
A. E. Petcolas, *Richmond*,
W. E. Wilson, *do*
Carthon Archer, *Henrico*,
Samuel Christian, *Charles City*,

Dr. R. K. Taylor, *Richmond*,
Beverly Grigg, *Farmville*,
Wm. Alex. Thom, *Northampton*,
B. St. Geo. Peachy, *Will'msb'g*,
T. E. Cox, *Henrico*.

* A paragraph during the past year was published in the papers of the Eastern cities, stating that Dr. Thum was mulcted to the amount of \$1,000 for maltreatment of disease in a child in Louisville. We are glad to state that the boot is on the other leg, and that the Dr. recovered this amount in a suit instituted against an individual for slander against his professional character. We render this late act of justice, as the correction has not been as general as the misstatement, and take this occasion to say that Dr. T. refused to take a dollar of the damages awarded.

On motion of Dr. POLLARD, the following resolutions were adopted :

“Resolved, That a committee of three be appointed by the president, to consider the propriety of recommending to the faculties of our alma mater and of the other medical schools in the United States, the requisition of a pledge from their alumni upon receiving the diploma. And, if it is deemed expedient to report such a pledge, to be appended to the constitution of this body, and to be signed by members upon their election to it.

“Resolved, That this committee be requested to report to the next annual meeting.”

Drs. THOS. POLLARD, R. K. TAYLOR and W. E. WILSON were appointed the committee.

Dr. L. B. ANDERSON offered a resolution, contemplating the erection of a tablet to the memory of the late Drs. Cullen and Warner ; which was referred to a resident committee, consisting of Drs. C. P. Johnson, A. E. Peticolas and Tho's E. Cox.

The society then proceeded to the election of officers, which resulted as follows :

Dr. P. CLAIBORNE GOOCH, *President.*

Dr. CARTON ARCHER, } *Vice Presidents.*
Dr. THO's E. COX, }

Dr. A. E. PETICOLAS, *Recording Secretary.*

Dr. THO's POLLARD, *Corresponding Secretary.*

Dr. WM. E. WILSON, *Treasurer.*

Dr. Wm. A. THOM, of Northampton Co. Va., *Orator for 1853.*

The president, on resuming the chair, returned thanks for the honor which the society had continued to bestow upon him. He expressed his zealous wishes for the rapid prosperity and permanent success of Hampden Sidney medical college, and hoped that her alumni would strive to give her the position by merit of the first school in the South.

The chair announced Drs. Archer, Cox and Peticolas the committee under the 3d by-law, for nominations and selection of subjects for the essayists.

The president was allowed time for the appointment of the annual essayists.

On motion, the secretary was instructed to furnish the proceedings of this meeting to the editors of the Stethoscope and city papers. After which the society adjourned.

J. G. LUMPKIN, *Sec'y pro tem.*

Annual Commencement of the Medical Department of Hampden Sidney College.

The examinations for the doctorate having been terminated on the Saturday evening previous, the ceremonies of conferring the degree on the successful candidates, &c. took place in the chemical lecture room of the Medical college on Monday evening, March 15th. The spacious hall was crowded to great excess, at an early hour, by one of the most brilliant audiences which we have ever seen assembled in this city. Good music, and smiling countenances beaming from all sides, rendered the scene one of peculiar interest.

After an appropriate prayer from the Rev. Mr. Moore, the Rev. Dr. Green, president of the college, with a salutatory in Latin, conferred the degree of Doctor of Medicine upon the following gentlemen :

NAME.		RESIDENCE.		SUBJECT OF THESIS.
Wm. W. S. Butler,	-	Portsmouth, Va.	-	Hydrocele.
Peter T. Coleman,	-	Cumberland,	-	Intermittent fever.
John B. Gardner,	-	Henrico,	-	Dislocation.
Chas. A. Gilbert,	-	Amherst,	-	Continued fever.
Robt. J. Grammer,	-	Dinwiddie,	-	"
Beverly Grigg,	-	Greensboro, Ala.	-	The liver.
B. C. Harrison,	-	Richmond city,	-	Physiology of respiration.
Owen B. Hill,	-	"	-	Bilious remittent fever.
Wm. N. Horsley,	-	Amherst,	-	Animal heat.
John Keys,	-	Washington,	-	Fracture.
Burgess M. Long,	-	Chesterfield,	-	Cataract.
E. S. McArthur,	-	"	-	Aneurism.
C. A. Matthews,	-	Columbus, Miss.	-	Intermittent fever.
Thos. P. Marston,	-	James City,	-	Mania a potu.
Thomas B. Moone,	-	Albemarle,	-	Physiology of the female.
Jas. H. Otey,	-	Bedford,	-	The liver.
B. St. George Peachy,	-	Williamsburg,	-	Acute gastritis.
John F. Sinton,	-	Henrico,	-	Fracture.
David Steele,	-	Petersburg,	-	Abortion.
W. A. Trotter,	-	Henry,	-	Acute laryngitis.
Robert H. Turner,	-	Louisa,	-	Pneumonia.
J. W. Whitmore,	-	Petersburg,	-	Gonorrhœa.
Wm. L. Wood,	-	Hanover,	-	Inflammation.
O. G. Wyche,	-	Henderson, N. C.	-	Fracture.

Dr. MAUPIN, the dean of the faculty, then said that it was the custom of the faculty to award a prize of a fine gold medal for the best essay on a subject selected and given to the class during the session. The subject for the present year was "The Relations of the Atmosphere to Animal Life," and five very creditable papers were handed in. Upon opening the packet signed *Ignotus*, the signature to the successful essay,

the author's name proved to be Dr. BEVERLY GRIGG. Dr. Grigg was then honored with the massive and richly wrought medal*—he himself, as a daily newspaper remarked, being the only person in the room who was surprised at his success.

Dr. GREEN then delivered an eloquent and able extemporaneous discourse of great length. He was followed by Dr. C. B. GIBSON, who enchained the attention of the auditory for a short while by an address to the graduates, which was marked by elegance of composition, loftiness of sentiment and graceful delivery. He feelingly and gracefully bade farewell to the young gentlemen whom the institution was sending forth into the world, and delivered to them a finished lecture upon DUTY. We trust that the forcible manner in which he instilled the precepts of their duty to the public, the profession and to themselves, sank deep into the minds of the new alumni. We regret that Prof. G. took occasion in the course of his speech, to make an allusion to the common feeling in favor of a higher standard of graduation, which would indicate his opposition to it. He said there were some who would have it believed that, since their day, the graduating examination was a mere form, &c. Now we take great pleasure and even pride in expressing our belief that the standard of graduation in this institution at present is as high as that of any of the medical schools—indeed much higher than in most of them; but we believe that the class alluded to—(those who are insisting on a far more thorough system of medical education)—are not actuated by the motive of pretending to a superiority, but that they really desire to see the M. D. diploma a testimonial of competency which all now agree that it is not. However, we sincerely trust that the faculty of our school will make its diploma worth more than that of any other, by an elevation of the standard, and by a more thorough course of instruction than is usually required.

After the close of the interesting exercises, the graduates, together with a large number of their friends, partook of the hospitalities of Dr. Gibson. We were unfortunately prevented from participating in the merry making, but we learn that a sumptuous entertainment with great hilarity and good cheer closed the happy period of collegiate life.

*We have long enjoyed the intimate acquaintance and friendship of Dr. Grigg. His talents and real moral excellence are only surpassed by his modesty and unpretending simplicity of character. May he meet with the success in life to which his merits entitle him.

EDITORIAL AND MISCELLANEOUS.

The Licensing of Physicians.

It will be seen that at the last meeting of the Medical Society a committee was appointed to memorialize the legislature for the passage of an act establishing a board of medical examiners, to grant licenses to practitioners of medicine and surgery in Virginia. It would be a waste of time and words here to enter into an argument to shew the great necessity or importance of such a step. It has over and over again been expressed by the profession, and no reflecting man can raise an objection to it.

We learn that under the new law practitioners are to be *taxed* ten dollars each, per annum. The constitution prohibits any specific tax being levied by the government, but to *get around* this, doctors are to be required annually to take out a license, and the *license is to be taxed ten dollars*. Of this we do not complain, provided the original license is granted only to physicians duly qualified to exercise the high duties and trusts of their profession. Everybody agrees that the health and lives of the people are more important than their money, and that they should be entrusted only to the safe keeping of those qualified by character and education.

A man who would deny that of all professions that of medicine is of more vital importance to the community than any other, and that it should only be exercised by those skilled in its philosophy and well educated, would be a wonder, even in this age of the world. Still we see the lawyer, (even though he possesses the diplomas of master of arts, bachelor of law, L. L. D., &c., and is a graduate of the university of Virginia,) required by statute, first, to produce certificate of good moral standing, then to pass an examination before disinterested parties, and then to qualify in the courts by swearing fidelity to the state and to his clients. The people are not permitted to appear before or appeal to their common courts of justice. These legislative enactments have for

their end the protection of the people, and are made to secure to them good and competent aid when their pecuniary interests require it. Lives there a man who denies that under a good government it is far more the duty of the law to protect the lives of its citizens, and to secure to them good and competent aid when their misfortunes and health require it? The echo of the backwoods answers no! Then we appeal to the lawgivers of the land to grant, and to the public at large to demand, a simple act of legislation, which, while burthensome to none, will secure to all a boon which civilization and good government ought to guarantee. When any man is stricken with bodily affliction he ought to know that the aid which he seeks is good and competent. The fact that his physician is entitled to practise on him by the law, ought at the same time to be a token and a guarantee that the state has confidence in the honor and capacity of the physician whom she furnishes to him. Now we have to ask the question, Is this the case? Lamentable and melancholy as the truth may be, we must express the answer of common and well informed public opinion: It is not the case. It is certainly an exceedingly disagreeable duty which falls upon us of expressing this fact and of heralding it forth (not much to the reputation of the Old Dominion). But however disagreeable this duty may be, we are much compensated by the opportunity afforded of raising our feeble voice and of exercising our poor endeavors for redressing the grievance.

Medical colleges are private institutions, or even if they are government ones their object is *to teach* and to afford opportunities to acquire knowledge and to attain excellence in medicine. Just so are the literary ones, and all the diplomas ought to be on the same footing; they should be in medicine, as they are in law and letters, merely honorable distinctions, testimonials of having gone through what the signers of them consider a sufficient curriculum of study to entitle the possessor to the title which they confer. They should never be farther recognized by government, nor should they entitle men to rights and privileges in the pursuits of life which are

denied to those not possessing them, unless the government controls the colleges and itself grants the diploma through them. Then the diploma would simply be the license of government granted by its agents—the colleges.

Now, we anticipate no demurrer to this logic, but will proceed to discuss, as briefly as we can, the policy of the change. The schools themselves acknowledge, the public aver and the whole profession of the United States, in their congresses, often reiterate, that no man can acquire a sufficient knowledge in the two courses of lectures, of four months each, to be a competent or qualified practitioner of the healing art. Our federal government, never very celebrated for its notice of or efforts for science, has, from the days of its sagacious founders to the present time, required the qualifications of its subaltern officers—the second *assistant* surgeons for the army and navy—to be tested by an examination before a board of disinterested men. And of the crowds who go before this board, fresh from the best schools of the country, with the ink on their diplomas (diplomas certifying their competency as *Doctores Medicinæ*) scarcely dry, we see that only one in a large number is found capable. Aye, capable of officiating in the capacity of *second assistant* medical attendant of our soldiers and sailors. This fact alone speaks conviction of the truth that the medical diploma is *no evidence* of education—that it does not entitle its holder to the confidence of the men, women and children of the land as their protector from the ills to which flesh is heir.

The profession and the public appeal to the faculties of the colleges to raise their standard of graduation and to extend their course of instruction, but the appeal has been and will be in vain as long as the reasons given by each school remain valid. The usual answer is: “Our money and interests are involved in our school, and the rivalry (in the work of manufacturing doctors) is now so great that we cannot afford to make this change. If we raise our standard to a high grade the students will desert us and go to Philadelphia and to the other schools out of the state where they are sure of graduating.”

This, it is true, is a very important consideration *to those interested*, and it is well that our acts of legislation should be so directed as to retain among us the money spent in obtaining a medical education—it is proper that our citizens should be educated at home. But it is far more important that they should get thorough educations—that *competent* physicians should be furnished—than that parchments should be granted to great numbers here annually. But we hope that our schools and their friends will urge with the same zeal that the profession does, the establishment of a state board of examiners and licensers. It will relieve them of the embarrassments under which they now labor, as they would dwindle and die if they exalted their standard and only graduated such as are ready for the responsibilities of practice. This they all say they are anxious to do if it were practicable. It will be more advantageous to the medical schools of Virginia to require all candidates for the practice of medicine within her limits to obtain their license to do it from a board which recognizes no diploma, than any other act which the legislature could pass. For how many students would go to Philadelphia or elsewhere to study medicine and graduate, if they know that no diploma would give them the right, but that they would be subjected to a rigid and thorough test of qualification when they return? We imagine that there would be very few indeed, *unless* they knew that the schools at the North were better schools and would better enable them to pass the board. In that case they should be encouraged to go there and our schools should be put down. But such will not be the case. Our own institutions will grow and be competent to supply the demand, and our young men will stop here close by the board. Then we urge this measure as one of state policy, and as such, one of great importance to the people.

These considerations, though we have hastily and very feebly presented them, are of great importance to everybody in the state. The law which we ask will benefit all the people, by giving them good doctors—the profession, by elevating its

standard and position—the state, by retaining in its limits an immense amount of money now spent elsewhere in buying diplomas to practise here, and by building up in our midst great institutions of learning and of science which will attract students and money from other states and give to the Virginia profession a distinction and renown to which the merits of their schools would entitle them.

Then we appeal to every practitioner in the commonwealth, and to every sensible citizen, to raise his voice and to use his exertions in favor of the passage of this law. Since we know of no member of the present enlightened legislature who is opposed to it, and as we have yet to meet the man able to answer these arguments, we are very sanguine of the passage of the bill when the memorial is sent in. The memorial will first be read (on the first day of the annual meeting) to the Medical society of Virginia, and we invite for it a deliberate consideration.

Before we conclude, it may not be amiss to allude to a silly argument which we hear designing men are circulating to prejudice the popular mind against the system, viz: “that the allopaths want to put down all other kinds of practitioners.” This is humbug, for no authority has power to pass an *ex post facto* law—one taking away privileges now exercised by practitioners, and no board that can be constituted can reject a man for belief or disbelief in any particular doctrine of medicine. Men’s minds do not all run together, even if they are educated alike. It will be the duty of the board to see that the candidate is qualified by being sufficiently well versed in anatomy, chemistry, physiology, pathology, the institutes of medicine and surgery. If his knowledge of these subjects is sufficient, and his character is trustworthy, he must pass, and may practise any system of medicine which his conscience and understanding direct him to. But is there a demagogue or a knave in the land who would claim the right of any man ignorant of these branches to exercise the high, noble and responsible calling of practitioner of medicine and surgery? If there is, pray let the world know who he is.

The State Medical Convention.

This body will assemble on Tuesday, April 27th, in the Richmond Atheneum. From present indications it will be in size and spirit the largest gathering of the medical men which ever assembled in Virginia. We sincerely hope that every respectable practitioner in the state who can possibly attend will do so, and that those who cannot be present will send authority to some one present to nominate them for fellowship in the state society. We will here remark that the proceedings of the society in Cumberland and one or two other county meetings of physicians which sent delegates to this convention were useless, inasmuch as this is not a representative body. In Dinwiddie we observe that all the physicians in the county were sent delegates, i. e. they all resolved to attend. It is hoped then that no one will fail to attend because he is not appointed a delegate.

The chief object of the convention is to collect together as large a body of the profession as possible for the purpose of carrying out the resolutions and designs of the convention of 1846. That assemblage, which was a very large and respectable one, commenced the work of organization and medical reform very well. It adopted various reports from select committees and numerous good resolutions, but they failed to constitute any permanent body to carry them out, and the constitution of the state society, at that time in operation, was not so adapted as to render it the permanent organization for the state at large. The irons, then heated so well, were allowed to cool for want of strikers, and some of the work has now to be done over again. The process of organizing and banding together the profession in the state is now a simple one, and it will be speedily accomplished. After the members of the convention are enrolled, and whatever business it may have before it is transacted, the "committee on nominations of the medical society" will receive the applications of those present, and of others who are vouched for, and report them on the same night to the society at its regular monthly meeting.

thus the whole convention will be elected to it, and will sit the next day in the annual meeting of the society.

This institution, now composed of several hundred of the best men in the state, will then be permanently organized and will be the embodiment of the profession in Virginia. Its charter, though now somewhat sneered at by those who care nothing about the government of the profession by itself, or who are opposed to its organization, will then be made of some value, and our great and common interests will be protected and advanced by the union. Annual meetings only are contemplated, and every physician of good repute will be entitled to a seat and vote in it. The professional voice will then be heard in professional matters, and all will feel the advantages of organization and association, which are too numerous for us here to recount.

We then urge our brethren in all parts of the state to come to the convention, and to come prepared to give a right hearty support to the objects of common interest we all have in view.

The National Association.

The scarcity of the volumes of transactions of this institution from which individuals could obtain the information about its objects, organization &c., which is desired now owing to the general interest taken in it, induces us to make a brief notice of it in the present number. We have received several letters on the subject, and will reply to the following one with the hope that this reply will be applicable to many of the others.

MY DEAR SIR,

* * * It is a matter of regret that the representation in the American Medical association should be limited, since in many country districts practitioners are so far apart, that it is difficult to convene a number sufficient to entitle the society even to *one* delegate. Consequently the cities keep the reins of the profession in their own hands, to the awakening of merited unkind feeling from their rural brethren.

We tried to get up an association in the Northern Neck, but the above noxious limitation of delegates has crippled our action and thrown cold water on the movement. I have no doubt this applies to many, nay *thousands* of neighborhoods throughout the length and breadth of the Union.

Will you not sir, as the exponent of the wishes of the fraternity, bring this matter before the association in May, and endeavor to effect some other more generous, fair and liberal mode of representation—extending it, say to every four or five members of a society. Or where there are no societies, suffer the

physicians to meet and appoint one of this four or five to represent them in the National Medical Association. Why is it, sir, that a delegate should be required to come backed by the ægis of a society, college, hospital, navy or army?

Cannot the authority of the assembled physicians, (regular graduates and in good standing,) of the country, where no associations can be regularly attended because of the sparsity of the fraternity or other insurmountable barriers, be as valid before the National Medical Association as the petty local societies, or microscopic medical colleges forsooth? It is hardly hyperbole to say the present mode of representation excludes nine-tenths of the profession from the deliberations of the National Medical associations. Should this unjust and exclusive regulation be continued?

Yours, &c.

A. J. C*****.

Northumberland Co., March 1852.

1st. This association is organized as a representative body, and is made as *popular* and on as "generous, fair and proper a scale" as is practicable, by admitting *one-tenth* of all the associated physicians in the United States to express the voice of the rest. If it admitted one in every five, it would, when it gets to a large city, New York for example, be nothing more than a mass meeting of physicians. There would be about 1000 members in it, with some 600 New Yorkers. This then would not be a body representing the interests of the profession of the United States. If all permanent members and delegates from "meetings of practitioners" were to be received and to vote, it would merely be a society—a society sometimes of one state and sometimes of another—and there would be no national characteristic about it. Moreover it would soon be too large and unwieldy, as well as too local.

2d. "Delegates are required to come backed by the ægis of some organized body," partly for the reasons above, and partly because physicians not organized at home ought not to be represented in a national annual congress. They might be in a national *convention*, and ought to be in a state association of this character. But as this body is neither a society nor a convention, but a representative association, constituted anew each year by the organizations of the whole United States, it can be the exponent directly of the wishes of the whole American profession, and for practical purposes it seems to have too "liberal" a representation for such purposes already. We doubt if there will be found a house large enough to hold it when it gets to New York.

3d. "Owing to the sparsity of the fraternity or other insurmountable barriers existing in thousands of neighborhoods in the Union, local medical societies cannot be formed, and by the present mode of representation, nine-tenths of the profession are excluded from representation." These are the ideas of our correspondent and of many others, but they are wrong. Every practitioner of a state, even if he is a member of other societies, ought to be a member of the state society, and can be if he is worthy and pleases to be. In this case he would be represented, and if he is not a member of his state organization, he has no right to complain. Virginia has within her borders 2000 practitioners, and they ought to be all fellows of the state society. If they were, they would all be represented by 200 delegates chosen by themselves. Besides, their local associations and the schools and hospitals would be entitled to have their interests represented also. Then the reason why the Virginia profession will not be fully represented in the association this year although it meets in the metropolis, is because it has neglected to do that which was simple and monthly practicable, viz: to organize itself under the act of incorporation granted 28 years ago. This we hope will satisfy our correspondent that the "cities keep the reins of the profession in their own hands at the expense of *merited* unkind feeling on the part of their rural brethren," only because their rural brethren neglect to do their duty.

We heartily concur with those who think that microscopic, or even mammoth, medical colleges are unduly and over represented in the association. Each one, though a close corporation or a private individual concern, of one or of six professors, is entitled to two representatives and to two votes in the body. Now, by reference, we find that the objects contemplated by the founders of the association, were "the protection of the interests of the medical profession of the United States, the maintenance of their honor and respectability, the advancement and the extension of their usefulness." And "to give frequent, united and emphatic expression to the views and aims of the profession; to elevate the standard of

education; to enlighten the public in regard to the duties, responsibilities and requirements of medical men, and to excite and encourage emulation and concert of action among them." With these objects, we think the institution, now granted to be the head and body of the profession of the Union, is in the hands of an aristocracy, an élite of a favored few, who, instead of being subjects of the profession, govern and control it. The professors of the schools are represented as all other physicians are: then in addition they send nearly or quite half of their number to represent themselves over again; and as a school with two professors sends two delegates, each of the professors is equivalent to *ten* organized poor subjects—poor subterraneans in the humble walks of the profession. Is this right—is it proper that it should remain so? We are opposed to the representation from the schools entirely. These bodies, generally self-constituted and self-perpetuating, are the aristocracies of our order with absolute and hereditary power. They hold the keys of the portals of the profession; make doctors at their pleasure; govern them ever afterwards; reap the honors and pecuniary rewards, and are responsible to nobody. The association has over and over again instructed and entreated them to take certain steps which they have scorned to notice, and still we are to be governed by such masters, and to draw down their malice and vengeance when we grumble at the chains which oppress us. We have reason to hope for a better organization and the fruits of it at an early day. The subject has awakened the attention of many prominent men in the country. Dr. Samuel Jackson, in the last No. of the Medical Examiner, proposes a remodeling of the governing body, and he clearly refutes the arguments in favor of the admission of nearly one-half of the *professors* of the country to represent themselves. "Why cannot these noble spirits join the county societies" and go as delegates from, or be represented in them? These subjects will come up here in May, and we invoke the attention of delegates to the consideration of them now.

If we may be excused for making a suggestion, we would urge that as the association is to do the business of the *organized* profession of all the states, it should be made up only of a fair and proportional delegation from all the organized physicians of the states. Delegates only from the county societies, or from the state society, where such a body exists in a state and is open to all the profession there, should go, and their votes should each be worth the number of their constituents divided by ten. Thus, if there were 2000 organized doctors in New York, and 50 delegates, these delegates should each give four votes, making in all the exact number of votes to which that state would be entitled. Then the association would be a national body, and its opinion would be that of the profession of the nation, whose popular vote could at all times be taken justly and fairly and in exact accordance with all the institutions of our *republican* form of government. But we will not open wider the discussion of this vexed question. We desire now merely to draw the attention of our readers and the delegates appointed, to one or two subjects on which they will have to vote at the approaching meeting.

1st. Drs. Drake's and Meig's proposal to *popularize* the association, and make it an annual mass meeting in Washington.

2d. A proposition to urge upon the medical schools the propriety of holding conventions themselves to adopt some effectual means of elevating the standard of medical education by a harmonious and united effort on their part. This, in substance, was proposed at the last meeting by Dr. Jones of N. Carolina, and rejected. It will, we learn, be brought forward again, and whenever the voice of the profession can be heard above the present controlling votes of those who *do not choose* to do it, the proposition will pass.

The next meeting is expected to be a very large and an unusually interesting one. We have no doubt but that the Virginia profession will be more fully represented by the additional appointments which will be made at the annual meeting of the state society, and we trust that the reception will be worthy of the Old Dominion, and that our brethren from

every quarter of our great republic will, after a harmonious and profitable session, leave our state with satisfaction and pleasant associations.

We have been furnished with the following list of delegates thus far appointed from Virginia :

From the Medical Society of Virginia.

Delegates.	Alternates.
Dr. Jas. Beale.	Dr. P. H. Christian.
R. M. Taliaferro.	Jas. McCaw.
C. W. Ashby.	G. G. Minor.
J. W. H. Trugien.	A. T. B. Merritt.
F. Marx.	J. L. Gillespie.
Thos. S. Garnett.	Jas. H. Conway.
W. A. Patteson.	P. F. Southall.
J. A. Cunningham.	B. F. Browne.
Saml. A. Patteson.	Chas. Minor.
W. D. Haskins.	J. M. Hurt.
J. Bolton.	Jno. A. Chilton.
R. G. Cabell.	G. C. Venable.
G. A. Wilson.	O. A. Browne.
W. O. Owens.	R. A. Lewis.
G. F. Terrill.	James. Dove.
Ro. R. Ritchie.	J. P. Little.
G. C. Rawlings.	J. V. Hobson.
J. A. Leitch.	S. Maupin.
F. H. Deane.	Jas. Johnson.
C. S. Mills.	C. R. Palmore.
J. L. Twyman.	A. Snead.
Wm. Durkin.	Wm. J. Clark.
W. P. Braxton.	F. W. Hancock.
Thos. Creigh.	Zach. Lewis.
F. W. Roddey.	Danl. Trigg.

We are requested to state that the president did not appoint any gentleman who is a permanent member, for obvious reasons.

From the Louisa County Medical Society.

Drs. J. L. Burruss, J. R. Anderson and Charles Quarles.

From the Petersburg Medical Faculty.

Drs. J. J. Thweatt, P. C. Spencer and S. White.

From the Medical Department of Hampden Sidney College.

Drs. R. L. Bohannon and L. W. Chamberlayne.

If the other bodies entitled to send representatives will forward their lists within a few days, we will insert them in the May No., which we hope to have issued by the 20th or 25th of the present month.

To our Patrons.

Owing to the necessity of making our journal somewhat of a newspaper and a medico-political organ, and to the peculiar circumstances which interest the medical men in Virginia at present, we have neither time to prepare and select, or space to insert, matter of general and practical interest to the purely scientific reader. Our table is covered with publications which require time to notice properly; and not having it at our command, we must pass them by with negligent and summary judgment. Our periscope too has to be neglected, but we hope that our excuse is good; indeed, we know that it is to all who duly appreciate the importance to the profession of the movements which we are aiding. In a couple of months we hope to be through with this work; and if the schemes of reform and improvement, now ripening, are all accomplished, we can then make the Stethoscope as much as possible a purely medical and scientific magazine.

We shall make amends for the few pages taken up by extra advertisements, by putting on more sheets to some of our future numbers. In the June issue we will lay before our readers the proceedings of the meetings to be held here in April and May, and shall have an extra number of copies printed to supply orders from all quarters. This occasion is a good one to remind delinquent subscribers (particularly those who are in arrears from the start) that we cannot sustain this publication without the money which they owe us. We hope that they will avail themselves of the opportunity of remitting to us their subscriptions by the delegates and others who will be coming to the numerous conventions soon to convene in our city. And we will also hint to our kind patrons that every new subscriber which they may send us will increase the value of the work, and they will, by doing so, reap an advantage which will far repay them for a little trouble taken to increase our circulation. Those desiring copies of Vol. I, can obtain them by mail or at the office. A few bound volumes still remain on hand.

A Location.

A well educated physician can obtain a location in one of the best neighborhoods in Virginia and the good will of a retiring practitioner, by early application to the editor of this journal.

Prolapsus Uteri.

We call attention to the advertisement of Mrs. Carter's abdominal and perineal supporter. We have no experience with it, but it seems to be constructed upon a good principle for comfort and efficiency. Necessity was the mother of the invention; and as all instrument makers ought to know the use of their instruments practically, and as this apparatus succeeded well with its inventor, it is likely to prove valuable and good..

Several communications have been received and will appear in our next—among others, a letter from Dr. A. J. Semmes, now in Paris.

Communications written on both sides of the paper give the printer much unnecessary trouble, which might be easily avoided, if our standing rule (so often repeated) were better observed by correspondents.

Meeting of Physicians in Cumberland County.

At a meeting of a portion of the physicians of the county of Cumberland, held at the courthouse on Monday, 23d February 1852, pursuant to previous notice, Dr. THOMAS L. ROBINSON was called to the chair, and Dr. THOS. P. SHIELDS requested to act as secretary. The object of the meeting having been explained, it was

Resolved, That this meeting approve the call for a state medical convention, to meet in the city of Richmond on Tuesday, the 27th of April next, and that twelve delegates be appointed to attend the same.

Whereupon, the following gentlemen were appointed, to wit:
 Drs. J. Miller, C. R. Palmore, J. M. Blanton, J. N. Nash,
 P. Irving, R. P. Walton, M. Flippin, Zach. Talley, H. Talley,
 L. J. Walton, W. Trent and W. Fuqua; to whom were added,
 on motion, the chairman and secretary.

Resolved, That other physicians of the county finding it
 convenient to attend, be requested to act as delegates.

Resolved, That the physicians of Powhatan, Goochland,
 Fluvanna and Buckingham be requested to meet the physi-
 cians of this county in the town of Cartersville on Saturday,
 3d of April, for the purpose of organizing a medical society.

Resolved, That the secretary forward a copy of these pro-
 ceedings to the editors of the Stethoscope, Richmond Whig,
 Enquirer, Examiner and Times, and request the publication
 of the same in their respective journals.

On motion, the meeting adjourned to meet in Cartersville
 on the 3d of April.

THOS. L. ROBINSON, M. D.
Chairman.

THOS. P. SHIELDS, M. D. *Sec'y.*

By request, we publish the following: we should have done
 it long ago, if the list had been furnished us:

Graduates in the School of Medicine of the University of Virginia, 1851.

Thomas H. Carter, Clarke co., Thomas W. Cecil, Tazewell co., Robert T.
 Coleman, Hanover co., Douglas Day, Fauquier co., Wm. L. Easley, Mecklen-
 burg co., James L. Gillespie, Fauquier co., John Hill, North Carolina, H. Gray
 Latham, Lynchburg, Henry M. Patterson, Staunton, Geo. N. Richardson, Char-
 lottesville, William C. Silliman, Mississippi, F. P. Ward, Alabama, James M.
 Watson, Charlottesville, R. A. Wells, Missouri, O. S. Williams, Mecklenburg
 co., T. S. Wheelright, Northumberland co.

Notice.

The fifth annual meeting of the American Medical Association
 will be held at Richmond, Va. on Tuesday, May 4th, 1852, in
 the Sycamore meeting house, on 11th, between Broad and
 Marshall streets.

The committee of arrangements will meet at the American
 hotel on Monday evening at 4 o'clock, and on Tuesday morn-
 ing at 9 o'clock, at the meeting house.

All secretaries of societies, and of other bodies entitled to
 representation in this association, are requested to forward to
 the undersigned correct lists of their respective delegations
 as soon as they may be appointed.

The following is an extract from Art. II of the constitution :

"Each local society shall have the privilege of sending to the association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half of this number. The faculty of every regularly constituted medical college or chartered school of medicine shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate."

The medical press of the United States is respectfully requested to copy.

By order of the committee.

P. CLAIBORNE GOOCH,
One of the Secretaries,
Bank Street, Richmond, Va.

Exchanges.

The Illustrated Family Friend is the name of a large weekly sheet, which comes regularly filled with very valuable and instructive matter on all general subjects, and much of it illustrated with good wood cuts. We confidently recommend this Weekly as a *family friend* to all. It costs only \$2 per annum, is published at Columbia, S. Carolina, and instead of being filled with stupid paragraphs, it is conducted with brains and good taste. It nearer compares to "Chambers' Information for the People" than to the common Saturday publications with which we are flooded from the Northern cities. It is well worth a 3 cent stamp and a letter asking for a specimen number, which we advise all heads of families to write for at once.

We regret the demise of our friend, the *British American Medical and Physical Journal*. The editor's exhibit, viz: Broke, with \$1800 due from subscribers and \$627 due to the printer, frightens us. Negligent subscribers commit a great sin in breaking their laboring editors, by failing to pay the *small amount* each one owes to enable them to pay the *large amounts* constantly required to keep up the publications.

A Canadian journal has sprung up in the place of the one we lose, but the copy we had has been taken away by somebody.

Reviews and Bibliographical Notices.

We have before us so much, in the shape of books, pamphlets and addresses, that it is impossible to do justice to any of them in a notice—even slight notices of some of them preclude the possibility of putting anything in our selected department. Our regular exchanges have been received, and they are rich with valuable articles. O! if we had five thousand subscribers, and could afford huge extras to give them all that is worth copying! But as we have neither time nor space, our readers as well as the authors must excuse the *go by* which we are compelled to give the following publications:

Two Discourses, delivered before the Cincinnati Medical Library Association—By DANIEL DRAKE, M. D. These discourses are dedicated to Dr. Samuel Henry Dickson of Charleston, South Carolina. The first is a history of the “early physicians, scenery and society of Cincinnati,” and is interesting to the Cincinnatians of course. It is also interesting to the distant reader because of the droll way in which so many things that it contains are told. It is really a *morceau* of national medical literature, and gives the reader a fine idea of the mental character of the great man who made it. The second lecture “on the origin and influence of medical periodical literature,” is no less characterized by an immense fund of information and genius. We will only make one remark on this lecture, and regret that it is egotistical. Dr. Drake says, the only journals South or West which are not “put forth directly or indirectly by those engaged in teaching, are, two in Cincinnati and two in New Orleans.” This is true so far as we can ascertain, with the exception of the *Stethoscope*. We wish it distinctly understood and remembered that our humble work is free, uncontrolled, unallied, and independent. It shall always remain so, and we trust it will ever be fair and candid to the strict letter.

The Annual Discourse before the Philadelphia County Medical Society—By Dr. SAML. JACKSON—is on the temptations and trials of a medical life, and is really an invaluable sermon, an exhortation not to be tempted to *undercharge*, or to pursue a course of conduct for the purpose of obtaining popular favor or extensive practice. The high moral and professional character of this discourse renders it well worthy of the extensive circulation which the society ordered for it.

Dr. TALCOTT's address to the graduates of Yale college, and that of Prof. N. S. Davis of the Rush Medical college

have been received. The first is a good charge; the latter seems to be an elaboration of Dr. D.'s absorbing idea, viz: *cheap* medical education. It is headed "The dignity, honor and welfare of the medical profession; on what do they depend?" Rather than let men go to practice without sheepskins, give one to them *free gratis!*

We have received a copy of the *Lewisburg Chronicle*, containing an address by Dr. THOS. PATTON, before the Greenbrier medical society. So valuable an appeal to the people in favor of the science of medicine ought to have been published in the public newspapers. We think that there ought to be an oration annually from some elected member of every society, of a mixed character—i. e. a voice from the profession to the public. This would render unnecessary the constant and reproachable practice of physicians haranguing their patients about medical things.

A Table of all the known operations of Ovariectomy, with their Synoptical History, &c.—By WASHINGTON L. ATLEE, M. D.— We have received this extract from the Transactions of the American Medical Association. It is a table of great value, and shews that of 222 operations, (146 recovered and 76 died,) together with all the essential information desirable about the case. Dr. A. has himself done this operation eighteen times; he reports six deaths after it. The table is a work of great labor and research, and it is a sad reflection that Dr. Thomas S. Lee of London plagiarized it in 1847—two years after it was published in the American Medical Journal—and in Dr. Meig's *letters to his class on females and their diseases*, 1848, he copies it as "*Dr. Lee's table.*" "The laborer is worthy of his hire" certainly.

A History of Epidemic Cholera as it appeared in the Baltimore City and County Almshouse in 1849, &c.—By THOMAS H. BUCKLER, M. D.— This paper is carefully drawn up and is valuable both because it adds to the material from which valuable deductions may be made, by comparing the facts of cholera epidemics in different places, and because it contains many valuable observations on hygiene, prophylaxis, etc.

The claims of priority in the ex-section and disarticulation of the Lower Jaw—with Reports of Cases—By GEO. C. BLACKMAN, M. D.— Republished from the New York Journal of Medicine.

This paper informed us of our error, in common with most of the surgical writers, in believing that "to Dupuytren be-

longed the glory of having, in 1812, "first removed, by a methodical operation, a portion of the inferior maxilla." Dr. Dederick, it seems, removed a portion of this bone in 1810 in Tennessee, and Dr. Blackman hauls Prof. Carnochan of New York over the coals for not having given him credit for it in a paper on the subject published in the January number of the New York Journal of Medicine.

A Lecture on Gun Shot Wounds, read before Prof. Dunbar's Class, in Baltimore—By RICHARD MCSHERRY, A. M., M. D.—This lecture contains a great deal of useful knowledge, observation and fact on gun shot injuries, and does credit to the surgeon who made it, as well as gives *multum in parvo* to the reader of it.

Report of the Committee on Obstetrics of the Am. Med. Ass.—By D. HUMPHREYS STORER, M. D.—This was one of the best reports read at the last meeting: it contains much matter not to be found unless thousands of pages are searched, and is written in a very clear style.

The Minutes of the Ohio State Medical Society, held at Columbus, June 1851, contain many valuable addresses and papers, and cover 152 pages. Dr. G. W. BRÆSTLER maintains the contagion of cholera. The report of the committee on ovarian diseases has some novelty. It ends with the following conclusions:

"1. That even extensive sections of the peritoneum are not so often followed by fatal results, nor are they so hazardous as was formerly supposed by surgeons.

"2. That a greater number of permanent cures have resulted from extirpation than from any other mode of treatment.

"3. That the encysted variety of ovarian tumors is most favorable for operation."

These transactions shew a busy and well organized society, and do credit to the profession of the state of Ohio.

The Transactions of the Medical Association of Southern Central New York, June 1851.—These are composed of reports of committees on special subjects and the epidemics in the counties, together with some brief reports of cases.

A Dictionary of Practical Medicine—By JAMES COPLAND, M. D., F. R. S.—Edited, with additions, by Charles A. Lee, M. D., part xxii, 8vo., pp. 96. 1852. Harper & Brothers, New York—Received through J. W. Randolph, Richmond.—

This dictionary, though costly and coming in broken doses, will be a standard library work of great value. But to be candid, we would advise our readers to buy the whole at once. No. xxii goes to *Scr*, and it may be soon completed, when, according to fashion with modern publishers, it will very probably sell at the rate of 20 instead of 50 cents per part.

Braithwaite's Retrospect and Ranking's Abstract, up to January 1852, are before us. They both maintain their value, and need no comment from us. They are cheap at \$2 *per annum*. See prospectus in advertising pages of March No. of *Stethoscope*, of *Ranking's Half-yearly Abstract*. Every word of it is true.

The Progress of Pharmacy.

We see that at the close of the late session of the Philadelphia college of Pharmacy, our esteemed townsman, Mr. T. Roberts Baker, and Mr. George M. Gormly of Virginia, were among the 14 who graduated in the college. Mr. Baker's inaugural thesis is a fine paper on the *Secale Cornutum*, and is the leading article in the present number of the *Journal of Pharmacy*.

The valedictory address to the graduates of the college was delivered by Prof. Wm. Proctor, jr. and is before us. It is truly a valuable and interesting paper, and well merited the honor it received of being published by the class. Professor P. may well be considered at the head of the ranks of his profession in America. In his address he traces in a graphic style the history of the science of pharmacy from its earlier age to the present time. We cannot do better than give the following extracts:

After alluding to the low condition of the Persians and Turks in these matters, he says:

"The pharmacy of Germany affords a strong contrast with that of the Orientals. The apothecary is virtually an officer of the government, although he derives his emolument from his shop. Education is enforced by strict laws. The apprentice, who must possess certain knowledge of general education and the languages, is taken in the shop for four years. He then passes to the university and studies two or three years, a part of the time in a chemical laboratory, and, when prepared, applies for examination to the faculty authorized by government. The student is not restricted to any particular school: he can get his knowledge where and how he pleases, but the ordeal of the examiners is sufficiently strict to determine his real merit, being both practical and theoretical, and occupies portions of two days. If satisfactorily passed, the diploma conferred entitles the recipient to practice anywhere within the authority of the government as soon as a vacancy occurs, or when he can meet with a party disposed to sell out. The apothecaries are apportioned among the population, each having

5,000 within the reach of his custom, and no new shops can be opened unless the increase of population demands it. The prices charged for medicines are fixed by government; a new list is published annually, which prevents competition at the expense of quality, and wholesale druggists are not allowed to dispense medicines.

"As a set-off to these privileges, the strictest attention to the quality of material and service is exacted, and an independent board of inspectors annually subject the stock of each shop to a close examination. Three unfavorable reports from the inspector oblige an apothecary to sell out to some more worthy individual, and leave the business.

"The apothecary of Germany is the fellow-laborer, not the rival, of the physician; his education is equal, in a different path: his origin as respectable, his income as great: and in general society and in the circles of the learned, he is received on an equal footing."

After tracing the progress of pharmacy, and the establishment of colleges, &c. in this country, he alludes to the "far greater number of those engaged in it absolutely disqualified by ignorance," and goes on to say:

"Besides these irregular *regulars*, a host of quacks and pretenders, composed of renegade physicians and apothecaries, unsuccessful merchants and mechanics, infest every community within our borders, proclaim the merits of their injurious, disgusting and often useless preparation, and through the columns of a prostituted press, lie them into notice with a systematic perseverance worthy of a better cause. Every avenue to public notice is seized upon, from placards posted on the streets or scattered in public vehicles, to the covers of pamphlets and fashionable periodicals.

"These appeals assume every form the imagination can fancy; to attract the learned, the garb of science is chosen; to satisfy the devout, clerical testimony is elicited; to arouse the dying, miracles are promised; to encourage the incurable, lying is adopted; to secure the mean, the physician's fee is alluded to; and to meet the weak and the vain, the autographs of presidents, and generals, and judges, and Sandwich island kings are produced, to place the question of efficacy beyond a doubt. Alas for human nature! Let us not point toward the past with the finger of scorn at the temple of Epidaurus, nor smile at the credulity of its votaries!—the goddess of empiricism has a shrine within our borders on whose many altars oblations of wealth, and health, and life are freely offered, with an infatuation only equaled by Hindoo devotion.

"As yet no special legislation (with two or three unsuccessful exceptions) has been effected within the United States to improve the condition of pharmacy and to protect the interests of the public by the encouragement of pharmaceutical education. We have seen what the monarchical governments of Europe have done, and how successful their measures have proved. How is it, in this country, where the people professedly rule, and where legislation is so fashionable, that nothing has been accomplished? The power of public opinion is, with us, the only force that can be enlisted with hope of success in effecting many reforms that lie within the legitimate limits of legislative action. Each individual, as one of the sovereign people, feels his right must be respected; the quack and the pretender assume this ground, and are ever ready to oppose measures for the public good that conflict with their pecuniary interest. by raising the cry of monopoly, by proclaiming the doctrine of non-interference with competition, and by appealing to the political sensibilities of the legislators through their function as *voters* of the commonwealth.

"If one half the power conceded to the board of health by universal consent, and manifested through quarantine and other regulations, was invested in a properly qualified pharmaceutico-medical board, authorized to carry out the provisions of a wholesome LAW, which law should define the qualifications of those to whom the practice of pharmacy is entrusted, should require an annual inspection of the stock of apothecaries in the manner of the Germans, and should check the torrent of quackery, by requiring every inventor of a secret remedy to take out a patent for his nostrum, and deposit a certified copy of the recipe used in making it among the official records, so that all may know what they are served with under the name of infallible specifics—I say, if this was accomplished, the

pharmaceutists in our country would soon rise in character and education, and the stigma of a base and degrading charlatanism be lessened, if not removed.

"Gentlemen, a convention of pharimacentists will meet in this city in October next, from all sections of the Union, at a call of a convention held in New York last year, to consider deliberately the whole question of American pharmacy, to advise a general organization of apothecaries, and to increase the educational advantages already existing. The disinterested character of this movement should win for it the favorable consideration and support of every true apothecary, that its influence may be enlarged, and its ability to subserve the important objects in view enhanced and extended."

He then concludes with a beautiful charge to the graduates, which, we are sure, if it is followed, will lead them to honor, fame and fortune.

A Treatise on Diseases of the Chest, being a Course of Lectures delivered at the New York Hospital—By JOHN A. SWETT, M. D., Physician of the New York Hospital, Member of the New York Pathological Society. New York: D. Appleton & Co. 1852. 8vo. pp. 585.

We had scarcely sent out a notice by mistake that Dr. Swett had a work in press on *skin* diseases before we were furnished by the publishers, through Morris, with this book on chest diseases. In justice to the publishers, we must say that it is elegantly printed and the paper and binding are of the English order. In justice to the author, we must say that we have not yet given his treatise, (for such it is,) that attention which would be necessary, to speak positively of its merits or defects. We wish that it had a good alphabetical index to its contents, that speedy reference could be made to particular subjects.

For the benefit of our readers we will copy hereafter one or two pages which we have read with interest and advantage. Dr. S. writes with great ease and has not multiplied words to spin out a few lectures into a massive volume.—Though his subject is pretty well worn out, and the works of Williams, Walshe, Gerhard, Spittal, Barth and Roget, and others who have written successfully on this subject, are in the hands of almost every member of the profession, the author has offered another book on it for public favor. We are satisfied from the mere glance which we have given it that it will be well received. The lectures were published ten years ago in the *New York Lancet*, and were favorably noticed then by the critics. They are now offered in a better form, and have the advantage of very extensive private and hospital practice. They are not merely compilations from other authors, but are the embodiment of carefully observed

facts and the well matured opinions of a successful practitioner. As such we may be safe in recommending the book to our readers without a close examination of its contents.

In an appendix there is a translation from Lebert's work on pathological physiology of the microscopic discoveries in the structure of tubercle and cancer, with excellent illustrations.

A Manual of Diseases of the Skin, from the French of M. M. CAZENAVE & SCHEDEL, with notes and additions—By THOS. H. BURGESS, Skin Dispensary, Physician, &c. Second American edition, from the last French edition, with notes—By H. D. BULKLEY, M. D., Physician to the New York Hospital, Fellow of the College of Physicians of New York, Lecturer on Skin Diseases, etc. New York: S. S. & W. Wood. 1852. 8vo. 348 pp. From the publishers through Morris.

This is a book of great value. It is the hand book used at the hospital of Saint Louis in Paris, where large numbers of patients affected with every form of skin diseases are collected. Bielt was, in his day, the leading authority on cutaneous pathology, and the fruits of his great experience are handed down through his successor in St. Louis and are contained in the manual before us. Cazenave has lately put out a new edition of it, and numerous cliniques of his at the hospital have been published in the French medical journals since: this has rendered the edition now issued necessary. Dr. Bulkley has edited it faithfully, and his additions in the way of notes are valuable instead of cumbrous. These diseases are not frequent enough in ordinary practice here to keep us in the habit of diagnosing or treating them promptly, and our neglect of them after leaving the hospitals renders some work specially devoted to the subject necessary. No work that we know of will supply our necessity better than that of Cazenave and Schedel. It is cheap, handy and reliable. It would be far better if the American edition had the colored plates displaying the various diseases accurately, which we have in our French copy.

The Medical Student's Vade Mecum, a Compendium of Anatomy, Chemistry, Physiology, Materia Medica and Pharmacy, Surgery, Obstetrics, Practice of Medicine, Diseases of the Skin, Poisons, etc.—By GEORGE MENDENHALL, M. D., Lecturer on Obstetrics in the Medical Institute of Cincinnati; Member of the Am. Med. Ass., etc. Third edition, revised and greatly enlarged, with 224 engravings. Philadelphia: Lindsay & Blackiston, 1852. pp. 690.

This book is one of those prepared to "put students through," and it asks probably every question likely to be asked in an examination for the noble distinction of M. D. Of course the book is a good one, (for students who desire to graduate in the region for which it is intended,) because two editions of it have been exhausted; but we must find fault with it though our examination of it has been very slight. In that slight examination we notice the following things, which do not strike us as being very proper to put into students' hands or heads: Purgatives, castor oil and spts. turpentine, in the treatment of *peritonitis*. Mercury is given in phagadenic syphilis. There are one or two inaccuracies which we perceive in anatomical description: 3d pair nerves, internal ring in inguinal hernia, &c.; and the replies are too brief and unsatisfactory. Moreover, we do not like the plan of questions and answers. It would have been much better if all the room taken up by the questions was filled with information. The book we suppose was sent to us to elicit an expression of opinion on it—we have given one which we hope is not offensive, because it is honest.

Review of Materia Medica, for the use of Students—By JOHN B. BIDDLE, M. D., formerly Professor of Materia Medica in the Franklin Medical College, Physician to the Pennsylvania Institution for the Deaf and Dumb, Fellow of the College of Physicians of Philadelphia, Member of the Medical Society of Hamburg, with numerous Illustrations. Philadelphia: Lindsay & Blackiston. 1852. 12mo. 322 pp.

This is the only book of the kind which we have. If a smart student would take copious notes on a good course of materia medica, he would have at the end of the course just such a book as this is, but in manuscript. Dr. Biddle has saved the reviewing student the trouble of taking copious notes, and put out this little volume, which will command attention from the class for whom it was intended, and will be found useful also to most of the profession. Our thanks are due to the publishers for it through Messrs. Harrold & Murray.

A complete Treatise on Midwifery, including the Diseases of Pregnancy, Labor and the Puerperal State—By ALF. A. L. M. VELPAU, M. D. Translated from the French by CHARLES D. MEIGS, M. D., Member of the American Philosophical Society, Prof. of Midwifery in the Jefferson Medical College, etc. Fourth American, with the additions from the last French edition—By WM. BYRD PAGE, M. D., Lecturer, Consulting Surgeon, Fellow, etc., etc., with numerous Illustrations. Philadelphia: Lindsay & Blackiston. 1852. 8vo. pp. 652.

Here is Page's, Meigs', Velpau's Midwifery. A new and enlarged edition of the work which has so long been looked up to in the United States as the best work we have on the art. It is a good book, and a more complete one than any other which is used by our schools. This new edition was called for by the demand for the work, and it is well edited and published. Nothing more is demanded by it from the medical press than an announcement of its issue.

The Discovery of Anæsthesia.

From various sources, it comes to the public that a committee of congress have reported in favor of giving Dr. Morton of Boston one hundred thousand dollars for the discovery of etherization. Dr. C. T. Jackson is at Washington, and with his friends, is making efforts to counteract this extraordinary action. A minority report will unquestionably appear, in which reasons of a cogent character will be given why no such great boon should be conferred. This revivification of the old worn out controversy of who first made the discovery has brought out the friends of the late Dr. Wells of Hartford, Conn. They shew quite clearly enough to come in for a share of the money, that Dr. Wells was the man entitled to the honor of the discovery—and that neither Dr. Jackson nor Dr. Morton would have known anything of the matter had it not been for that gentleman. A column of argument and facts appears in the Hartford Times, which, had it been placed before the committee, would perhaps have affected the tenor of their report. There have been from the beginning two parties here in Boston, where the great discovery was first promulgated—siding with one or the other of the two individuals first named—nor will any decision of congress probably change the opinions of either.—*Boston Medical Journal.*

[This is an important matter, and it is proper that it should

be settled justly. The early history of the principle and practice of *anæsthesia by inhalation for the purposes of surgery* should be written by the generation coeval with its discovery. It is granted to be one of the grandest discoveries of modern times, and hundreds of years hence our successors will award the honors due to the mortal who first conceived the idea of setting nature's law at defiance, in cutting the nerves of sensibility like so many threads. But we of the present age will be justly censured for not handing down to them a clear history of its introduction as well as for failing to bestow the laurels of honor and of reward upon him who did so much to win the gratitude of men. In 1847 we well remember the battle in Paris over this question. A paper was read before the *Parisian medical society*, setting forth the claims of an obscure dentist—HORACE WELLS of Hartford, Ct.—to the priority of the application of this *principle*. The paper elicited much attention in the scientific circles of the French capital, partly because of the general interest taken in the great wonder of etherization, but chiefly because Drs. Jackson and Morton were both laboring at the time to establish their claims to the *substantial and honorable* rewards for the discovery. Diplomas, &c. from the academies, bounties from the government and the *patent right* for its use were sought.

The agents and attorneys of Drs. Jackson and Morton were busy in writing pamphlets in numerous languages to sway the minds of the French savans on the subject. They appeared before the Parisian medical society, and were allowed the privilege of speaking to the crowds who collected there to bear the discussions. Commissions were appointed, the *Bibliothèque Royale* was ransacked, and the investigations sometimes led to the belief even that it was no new discovery; but all traces of its previous use would vanish and the investigators would be narrowed down to the merits of the three living competitors again. Finally, after numerous meetings of the society, the committees reported and a day was fixed to take a vote. The meeting was very large and much feeling was manifested, but the vote was overwhelming in favor of the resolutions awarding the honorary diploma of the society to *Horace Wells*, and declaring that *the honor of the discovery was justly due to him*. It was our good fortune, as the secretary of the body, to transmit to his widow the action of the society—he having meanwhile ended his singular though useful life in a strange and memorable manner—by cutting his femoral artery while becoming anæsthetized. The *Académie des Sciences*, after awaiting the results of the investigations being made by

the medical society, we believe, awarded some honor to either Dr. Jackson or Dr. Morton for first having *used ether*, which was a more potent and valuable agent than the nitrous oxide gas used by Wells. Our congress had as well award \$100,000 to Prof. Simpson of Edinburgh for having introduced chloroform, (which seems destined to be substituted entirely for all other substances, until some new one is found out,) as to give to either Dr. J. or Dr. M. this great bounty for having merely improved upon Wells' principle.

In the discussion before alluded to, Baron Brewster, himself a Hartford man, now the famous and learned dentist of Paris, produced *evidence, printed* in the newspapers *a year or two* before Dr. J. or Dr. M. laid any claim to the discovery, that Wells was giving gas by inhalation for the purpose of extracting teeth, &c. without pain. He moreover filed affidavits of the mayor and councilmen of Hartford, now living, declaring that he succeeded. Then we argue that to this man is due the credit, the honors and rewards of inventing the *principle*. It is a minor consideration who *improved* the practice in comparison with who *invented* it, and we hope that the heirs of Wells will receive at least a portion of the national bounty, though we would not object to see Dr. Morton rewarded likewise for his services to the world in introducing a better agent to accomplish that which another had long before labored for and achieved in many instances. The history of American science ought to carry to posterity the whole truth in regard to this discovery, and the name of HORACE WELLS ought to be emblazoned on its pages as the inventor—the originator of this boon to humanity for all future ages. He is dead, however; and as his family is too poor, we understand, to prosecute the claim before congress, his merits may never be recognized nor rewarded by the government.

[ED. STETH.

Medical Circulars.

Such is the competition in medical instruction in this country, that even the schools of medicine of some of the states appear to be earnestly drumming up the people for customers. Circulars are actually flying through the post offices, announcing the facilities, economy, &c. of certain institutions for next November. This is taking time by the forelock; but it is positively injuring the medical character of the United States, to make such a show of ambition to gather up students.

Catheterism of the Fallopian Tubes—Is it possible under ordinary circumstances?

BY D. WARREN BRICKELL, M. D., NATCHEZ, MISS.

In the May (1851) No. of the New Orleans Med. and Surg. Journal may be found a very graphic account of the successful performance of an operation which consisted in the removal of an ovarion tumor, *per vias naturales*; that is, by "catheterism of the fallopian tube."

Reflection leads me to make a few remarks on this subject, which I wish regarded as prompted more by a spirit of enquiry than otherwise.

During my student's life I was induced to try this operation on the dead subject, but without success. Having like Richelieu a great contempt for the word *fail*, I tried it again and repeatedly, during two years' connection with a large hospital, (to the "dead house" of which I had the freest access,) but invariably without even partial success—unless the arrival of the end of the instrument within the uterine cavity shall be so considered. During this time, too, I had an opportunity of operating on a subject dead a few days subsequent to accouchement. In this case I thought my chances for success enhanced in some degree, and I went to work with resumed energy, but disappointment was my sole reward.

Such results of course led me to reflect on the causes of my failure, and I have found no difficulty whatever in satisfying myself that catheterism of the fallopian tubes is a much more feasible operation in theory than in practice. In this progressive age the world would almost certainly frown on a man who would dare to pronounce *anything impossible*; yet, in all candour, I find myself constrained to make this declaration against the operation in question. Let the reader reflect a moment on the position of the uterus in the body, its mobility, the distance from the vulva to the cavity of the uterus, the length of the neck of this organ, the very limited diameter of the passage through the neck, the very compact and unyielding nature of the whole tissue of the uterus; let him remember the direction of attachment (if I may be allowed the expression) of the fallopian tubes to the uterus, the exceedingly minute calibre of the tubes, (scarcely admitting a bristle,) their extent between the organs which they connect—to say nothing of their tortuosity—and I feel satisfied that a large majority of the more experienced minds will hardly proceed so far as a *practical* demonstration (at least on the live subject) of the impracticability of the operation.

In the experiments I made, the only *curved* instrument which I ever succeeded in introducing into the uterine cavity was one but slightly curved *throughout its entire length*, and this much was exceedingly difficult to attain—instruments curved only at the extremity could not be introduced at all into the healthy uterus without a degree of violence not to be countenanced on any *patient*. What shall we say then of an instrument, “flexed like the male catheter,” being introduced into the cavity of the womb, and being made to penetrate the fallopian tube throughout *three inches* of its extent!!

The reporter of the case expresses his own doubts as to the practicability of the operation on the tube in a state of health; yet he, at the same time, tells us that he has relieved cases of sterility and dysmenorrhœa by the operation. Does he mean to say that in such cases the tubes are *not* in a healthy condition? If so, in what condition are they?—and what are the data on which to base a diagnosis? On the contrary, would it not be more reasonable to infer some degree of *constriction* of those canals under such circumstances, thus rendering the operation more difficult?

May not the reporter of this case have erred in his diagnosis? Is it not somewhat probable that his case may have been one of *uterine hydatids*, instead of ovarian? With all the attendant circumstances well weighed, I am inclined to think that this will be the conclusion of nine readers in ten. I have conferred with but one practitioner on the subject, and our opinions agree most accurately.

In order to render the operation under consideration practicable, there must exist a concatenation of favorable circumstances in the patient, which, should they ever be met with, must be regarded as truly miraculous—and all these circumstances put together must, at the same time, declare a state of disease deplorable in the extreme. Let those gentlemen who fancy that they have performed this operation on the living subject, try the same on the dead one: let them satisfy themselves (*per vias naturales*) that the instrument is within the fallopian tube; then apply the scalpel, and they will soon begin to think with many others of their brethren, that the operation is really performed *only on paper*.—*Charleston Medical Journal and Review*.

THE
STETHOSCOPE,
AND
VIRGINIA MEDICAL GAZETTE.

VOL. II.

RICHMOND, VA., MAY 1852.

NO. V.

Chorea—With Cases and Remarks.

BY J. J. THWEATT, M. D., PETERSBURG, VA.

Case I—Feb'y—John, boy, aged 8 or 10, had been affected with chorea for some months: when I visited him, his general appearance indicated disease of some gravity; he was pale and slightly anemic, abdomen protuberant, tongue heavily coated, pulse slow but full and compressible, bowels constipated, urine pale and scanty; the disease had almost invaded the entire muscular system; the upper and lower extremities were attacked; locomotion was difficult; deglutition and speech were likewise affected; the head was in continued motion, also the muscles of the face; countenance dull and inexpressive; when interrogated, replies with difficulty and in an unconnected manner; sleep disturbed by dreams; appetite generally bad, often capricious; prescribed cups along the spine—small doses of calomel, ipecac. and opium every six hours, followed by castor oil and turpentine; a stimulating embrocation to be rubbed on the spine night and morning; diet and rest. In two days I visited the patient again, and found his condition improved; the calomel and oil had produced thick bilious evacuations; tongue less furred, abdomen soft and not so protuberant as before; muscular movements more regular; speech and deglutition improved; complains of no pain; ordered cups to be again applied to the spine, and one of the following powders to be taken every eight

hours. R Hydrar. chlo. mit. gr. iij; pulv. ipecac. gr. i; pulv. Doveri. gr. iij. Dive in chart. No. ii. M. If the powders should not act on the bowels to give a dose of castor oil; continue the embrocations; same diet, etc.; visited him again in two days; his condition in every respect better; bowels open; passages healthy; tongue clean; difficulty of speech and deglutition almost disappeared; movements of the limbs more under the will; can walk across the room with tolerable ease; answers questions with more readiness; is more susceptible to external impressions; prescribed a more generous diet, a tepid salt bath at bedtime, and a tablespoonful of the following decoction four times a day: R Decocti. cemicifugæ racem. After the lapse of three days I saw the patient again; I found a great amelioration of all the symptoms; ordered the decoction to be continued: this patient recovered entirely in three or four weeks—has had no relapse, and is still enjoying excellent health.

Case II—March 8th—Martha, negro girl aged 12–14, of a lymphatic constitution; had recently an attack of intermittent fever and articular rheumatism. Shortly after recovery from these diseases, irregular movements were perceived in the right leg and arm, and when I saw her she had the usual symptoms of chorea; her pulse was regular; bowels open; tongue clean; health apparently good, with the exception of the spasmodic movements of the right arm and leg; directed cups to the spine, and a wineglassful of the decoction of the blacksnake root twice a day. March 10th—Complains of pain in the muscles of the right shoulder; tongue furred; bowels open; pulse quick; no change in the muscular movements of the affected limbs. Application of leeches to the shoulder; small doses of calomel and opium every eight hours, to be followed by castor oil if they should not act; strict diet; discontinue the decoction. March 14th—Tongue still furred; no pain in the shoulder; bowels in a laxative state; no change in the other symptoms. Prescription: Hydrar. chlo. mit. gr. viij; pulv. ipecac gr. ij; extr. hyoscyami gr. vj. Dive in pill No. iii. M. One pill every six hours; castor oil after the last pill; diet, boiled rice; hot salt foot baths at night. March 16th—Condition improved; evacuations bilious; tongue clean, moist and broad; slight ptyalism; no pain in the shoulder, but tenderness of the spine on pressure; movements of the limbs more regular. Ordered cups between the shoulders, and the spine to be rubbed night and morning with the following liniment: R Olei terebinthinæ ʒiij; acidi acetici ʒj; tinc. opii. ʒj; olei olivæ ʒij. M. Hot foot baths at night, and a wineglassful of the decoction of the cimicifuga twice a day; better diet.

March 18th—Complains of no pain or tenderness on pressure; digestive organs healthy; appetite good; can move the arm and leg without any spasmodic jerking; says she is well, and desires to return to her usual avocation; the decoction was ordered to be continued, and under its influence she recovered. No relapse has occurred since.

Remarks.—In presenting the above cases to the readers of the *Stethoscope*, it is not our purpose to enter into an elaborate description of the general pathology of this truly interesting disease. With some general remarks, we purpose to confine our notice of it to a discussion of its specific nature and treatment.

Chorea is not confined to any age, sex, temperament or condition.

“*Pulsat æquo pede pauperum tabernas, regumque turres.*”

It appears, however, from extensive observation, that it is frequent between the ages of six and fifteen, more frequent among girls than boys. The statistics of the physicians of the Hospital des Enfants at Paris shew, that out of one hundred and eighty-nine cases of chorea, fifty-one were boys and one hundred and thirty-eight girls. It appears, moreover, from these statistics, that the disease is by no means as common among children as has been represented by medical writers; for out of 32,976 patients admitted in the Hospital des Enfants during ten years, only 189 were affected with chorea. Chorea is rare among young infants. M. Buron, who is high authority on this point, says that he never saw a case of it in the Hospital des Enfants Trouves. The nervous constitution, it is said, predisposes to this disease. This is very questionable; the large majority of cases which have come under our observation were of the inflammatory constitution. We will venture the assertion here, that too much emphasis has been and is placed by medical authors upon the predisposition of certain constitutions to particular diseases. Many important errors have been committed by physicians prescribing for particular diseases in connection with particular temperaments. Chorea attacks all constitutions. Chorea is seldom seen in tropical climates. M. Duriste, during an extensive practice of thirty years at Martinique, never saw a case of it: in our climate it occurs more frequently during the summer months. Dr. Elliotson places chorea among the hereditary diseases. It sometimes shews itself in an epidemic form: Hecker speaks of several epidemics as occurring in Germany.

We come now to the important question, What is chorea? What are its pathological elements? This question has employed the pens of medical men of the highest celebrity; numerous ingenious theories have been devised to elucidate its phenomena; not one is received as entirely satisfactory.

Chorea rarely terminates in death; hence dissections have failed to remove the obscurity which hangs over its pathology. Let us take a hasty review of the results of post mortem examinations.

M. Duger examined the body of two children who died whilst laboring under this affection and found the brain and the nerves of the spinal cord in a healthy state. M. Ollivier in one case found the spinal marrow and membranes unaltered. In four cases reported by M. Rufy, no lesion existed which could be particularly ascribed to the disease. On the other hand, Dr. Pritchard discovered in three cases a considerable quantity of the spinal fluid and the membranes injected. M. Serres reported four cases to the academy of medicine, in which the corpora quadrigemina were irritated and inflamed. M. Monod detected a hypertrophy of the cortical portion of the brain with injection of the spinal cord. M. Guersant found a rammolissement of the spinal marrow in two cases, and in a third a small calculus in the substance of the cerebrum. Dr. Brown reports a similar case.

By the above review, it is palpable that mere dissection has revealed nothing positively certain in relation to the specific nature of chorea. It is true, that something tangible is presented, which, by a logical deduction, may throw some light on this obscure question. Those medical writers who are attached to the anatomico-pathological school of medicine, rely exclusively on the revelation of the scalpel in forming their opinions of the specific character of diseases. They would regard as an enthusiast the man who would hazard an opinion on the nature of any disease which had not for the basis of that opinion the concurrence of anatomical lesions. With this school, where there exists no lesion, all is vague—all is uncertain. We contend that this is not sound medical philosophy; and while we most heartily acknowledge the transcendent abilities of this school, and the important and lasting benefits it has conferred upon practical medicine, we must enter our protest against the exclusiveness of its views. The physician who relies entirely on morbid anatomy as the sole basis of the pathology of any disease, will be led into important errors. He must be careful not to take the results of continued acute morbid action as the *cause* of the various pa-

thological indications and states. For instance, M. Serres, one of the ablest morbid anatomists who now adorns the science, having found the corpora quadrigemina diseased, without hesitation, places the seat of disease in that portion of the nervous system. Others for the same reason have placed its seat in the cerebrum; others in the spinal marrow; and some have had the hardihood to contend that the real pathology of chorea consists in an inflammation of the mucous membrane of the digestive apparatus. Now these authors have been deceived by wrong interpretations of post mortem appearances; they have rejected physiology—they have disregarded the effects of age, climate, condition and treatment. We know that these circumstances have a great deal to do in the production of morbid lesions. As an illustration of the errors which may be committed by this exclusive mode of pathological reasoning, if you were to ask a physician residing in districts surrounded by miasmatic influences, who has made post mortem examinations of cases of chorea, what is his opinion of the seat of the affection? It is more than probable that his answer would be, that it consists in an augmentation of volume of the spleen and liver with increased vascularity of the mucous membrane of the upper portion of the digestive tube. Contestation here would be of no avail, for he would appeal with confidence to the results of dissection; and as a further confirmation of this opinion, he would cite the results of treatment: he cures his cases by the administration of quinine. But it may be properly asked, Have dissections been unproductive in throwing light on the intricate nature of this disease? We answer, they have not. Dissections have demonstrated that chorea is not an organic affection. This is certainly important information. Of what then does chorea consist? What is the true explanation of its phenomena?

Shall we answer these questions with the broad declaration of M. Roche, that chorea "*est une névrose dont la nature est inconnue*," or with Dr. Copland, that it consists in debility, nervous susceptibility, derangement of the nervous centres, &c. The answer of the one is as valuable as the other, so far as a satisfactory solution of the question is concerned.

The researches of modern physiologists have thrown considerable light on some of the obscure points of the nervous system. Many points in connection with this system, which, before these brilliant experiments were instituted, were thought intangible, are now admitted into the arena of discussion with a certainty of practical results. We no longer wonder in a maze of doubt and uncertainty.

Modern physiological experiments have taught us that there

are several distinct sets or systems of nerves with separate functions. We have a system for sensibility, a system for motility and a system for organic action. When the nerves of sensibility are deranged we have pain, when the nerves of motility are deranged, spasmodic muscular action, and when the organic system is deranged, we have derangement of the secretory functions. By the recent experiments of Marshall Hall, which have illuminated so many obscure points in nervous pathology, there can be no doubt of a distinct spinal system of nerves denominated by him the true spinal excitatory reflex nervous system. This system having functions to perform peculiar to itself, may be liable to distinct pathological states. Now we maintain that the pathological phenomena which peculiarly characterizes chorea can be explained at least in a more satisfactory manner than they have heretofore been, by the application of physiological principles. We therefore premise the following propositions: 1st. That chorea is a peculiar nervous disease. 2d. That its pathology consists in an irritation of the true spinal system of nerves. With regard to the first proposition, there can be no legitimate disputation, but with respect to the second it may be properly asked, What is irritation?—and what are the indications of its presence?

Of the intrinsic nature of irritative action we are ignorant, and probably shall remain so; but we think that the most philosophic definition which can be given of it is, that it is a pathological state of function only, and that the great difference between this state (irritative) and inflammation is, that inflammation is confined to structural as well as functional derangement. According to this view, the great discrepancy in the reports of post mortem appearances are capable of being explained. When the disease consists of irritation only, no results are obtained by dissection. When this irritation is allowed to run into inflammatory action, the scalpel reveals the results of inflammatory action, viz: congestion, infusion, structural lesion, &c. Therefore, when the irritation is confined to the anterior column or roots of the spinal cord, we have muscular spasmodic movements. The irritation may extend to the posterior columns, and you have pain—increased sensibility. We have seen cases of chorea where the pain in the limbs and spine was very acute. The irritation may likewise extend itself to the ganglionic or secretory system of nerves; and when this is the case, you have pain and tenderness of the bowels, biliary and urinary derangements. In our climate, and especially in certain localities in this state, chorea is almost invariably attended with derangement of some por-

tion of the digestive apparatus. In the etiology of this affection, worms are assigned a conspicuous place, and no doubt in certain localities and under peculiar circumstances, worms are a fruitful cause of the disease. How do worms act in producing irregular muscular action? Simply by the irritation produced by their presence being communicated to the true spinal system and by reflex action to the muscles of voluntary movements.

Dissections have shewn that the brain or the sentient and voluntary nervous system may become deranged in chorea; and one of our learned professors who has published, in many respects, a most valuable treatise on the Practice of Medicine, says, "that of the nature of chorea we know little or nothing more than it is a functional disease of the brain; probably a perversion of that function of the brain through which the will acts," we unhesitatingly assert, that "of the nature of chorea we do know that it is not a disease of the brain, either functional or structural." We are not prepared to deny that the irritation may be transferred or conducted through a distinct nervous channel to the brain, and thus produce functional and even structural derangement of that organ. We know besides, in some cases the disease terminates in epilepsy and effusion in the ventricles of the brain, but these morbid conditions are nothing but complications; they do not enter at all into the elements of the pathology of the disease. We will also add that the cases in which there is any manifestation of cerebral derangement are not common; in no case which has come under our observation could we detect the least indication of disease of the brain. It is true that in some instances where the disease has been of long duration, and where the moral susceptibilities of the patient are very acute, a certain degree of mental obtuseness is observed. The medical mind is often led into errors both in pathology and therapeutics by a too implicit reliance on the statistics of professors of large hospitals. These gentlemen make statistics the basis of the practice of medicine, and their deductions are too often received as first facts; for instance, Messrs. Blanch, Guersant and Baudelocque, high and valued names in the science and great authorities in all diseases connected with children, will say that chorea occurs in children of a nervous temperament and in whom the mental faculties are performed in an inactive manner; hence they infer that mental debility is a strong predisposing cause of chorea and some form of mental derangement an invariable accompaniment of the disease. If their position be attacked, they appeal with triumph to their statistics; and they would laugh to scorn the physician who would tell

them that quinine, calomel and opium were often necessary to cure chorea. The mistakes committed by clinical professors, both in pathology and therapeutics, are owing to this simple fact, that due importance is not attached to the class of population and the hygienic condition of the patients received into their hospitals. The class of population which usually resort to hospitals for medical aid is one that has been subject to every species of mental and physical suffering; it might almost be said that they "live, move and have their being" in disease. The offspring of such a population must consequently be tainted with this depraved constitutional condition: for these reasons we think we are not too bold in the declaration, that any opinion or theory drawn from such a course should not be received with unlimited confidence.

The author of this article does not speak unadvisedly on this subject: he has often listened with admiration to the eloquent lectures of these professors: he has often had ocular demonstration of their brilliant success in the application of remedial agents—but he must confess, when he came to apply the principle inculcated by them, he has been sadly disappointed; nor does he wish to be understood by these remarks to depreciate clinical instruction or to undervalue the importance of statistical information: he yields to no one in the belief of the utility of these methods of medical instruction. In conclusion, we repeat that the brain has no agency in the production of the phenomena of chorea.

Dr. Bothel, in a thesis recently published on the nature of chorea, contends that chorea is nothing but a form of rheumatism characterized by the same anatomical lesions, and may attack the same organs. He says "that the moral causes have a feeble and doubtful influence—the real causes are the same as those of rheumatism:" he bases this opinion upon fourteen cases which came under his especial observation. Whilst we cannot acquiesce entirely in this view of its pathology, we believe that there is a great analogy between chorea and muscular rheumatism: this is a question which demands further investigation—it is worthy of consideration.

Treatment.—The therapeutics of chorea are a mass of confusion. That this is no idle declaration, any one may be convinced by the perusal of monographs and works on the practice of medicine. The cause of this confusion is evident: when there is no settled opinion of the pathology of any disease, there can be no settled treatment; hence, the physician who prescribes for a disease without first laying down some fundamental principles of its pathological nature, is necessarily liable to commit great faults, both in the selection of his reme-

dies and in the inferences drawn from their effects on the animal economy. Believing the seat of chorea to be in the true spinal system, we have always commenced the treatment by topical depletion, and we have yet to see a case which is not materially benefitted by the application of cups along the spine. The cups should be repeated at least three or four times; and in strong and plethoric children, and especially when there is pain on pressure, they should be frequently renewed, so as to produce a sensible impression on the constitution. We have never seen a case in which general blood-letting was indicated; and from the history of the affection by authors who have had the greatest experience in its treatment, we presume that cases requiring this mode of depletion are exceedingly rare.

In children of a weakly constitution, we are often compelled to associate tonics with topical depletion, and with signal benefits. After topical depletion, the application of stimulating embrocations to the spine, night and morning, will be useful: we have found a liniment composed of chloroform and sweet oil in equal parts to be very tranquilizing to the nervous system, and in a few cases we think we have perceived a marked influence over the muscular movements. Cases of chorea cured entirely by this agent have been recently reported, but we are very skeptical whether, unassociated with other treatment, the mere local effects of chloroform are sufficient to cure the disease. We have likewise used a liniment of turpentine, laudanum and sweet oil, with valuable effects. Purgation in this disease is regarded by the highest authorities as indispensably necessary; hence, the whole catalogue of purgatives have been brought into requisition, each one receiving a due share of praise. Our experience has taught us at least to believe, that too much importance has been attached to purgation, and generally too much reliance has been placed on purgatives in the treatment of chorea. Of one thing we are certain, that purgatives are not so beneficial in our climate as has been asserted. We have seen them often produce an exasperation of all the symptoms: in more northern climates purgatives are more useful than with us: we have found that after the establishment of healthy secretions, the more active laxatives are sufficient; we should greatly fear in our climate the effects of the administration of drastic purgatives, and yet we have strong evidence of their utility. This brings us to the consideration of calomel: this is an important agent in the treatment of this disease, and when properly and judiciously administered, will supersede the necessity of resorting to strong purgatives to remove the constipa-

tion usually attendant on it. When the secretory organic system of nerves becomes involved, we have always visceral derangement.

Few cases of chorea have fallen under our observation in which the secretory organs were not involved, the liver and upper portion of the digestive tube especially: in these cases a healthy restoration of the secretions is a *sine qua non* to the cure, and colomel is the agent to effect this purpose. Calomel should be used in chorea for its secernent properties only; its constitutional effects should be deprecated. When the evacuations become bilious, the tongue clean, under its influence, it should be suspended until further indications for its use; for when it has produced these effects, it has accomplished all that can be legitimately required of it: it should be always combined with opium, and followed by laxatives. After local depletion and the healthy regulation of the secretions, tonics will complete the cure.

It would be tedious to notice the numerous agents of this class, which have been recommended as possessing peculiar therapeutic powers in this disease. We shall therefore notice only a few, which have superior claims to our consideration. The preparations of iron may be regarded as the first in importance: we fear that the high encomiums which have been bestowed upon the peculiar efficacy of the feruginous preparations have been the cause of a too indiscriminate administration of them; for, in the minds of many physicians, chorea and iron are so intimately associated that it would appear monstrous to attempt to lay down any rule for its use. We have as high an opinion of the utility of iron in this disease as any one, but we hesitate not to say, that in many cases of chorea its use is prejudicial. Iron fulfills two purposes in this disease—first, to restore the blood to its normal condition; secondly, to invigorate the constitution by its tonic qualities.

When the patients are anemic and the constitutional powers greatly impaired, iron should be immediately given, but when the blood and the constitution are not affected, the iron should be withheld, or used with a sparing hand, and then at the close of the disease. Iron will do mischief if you give it with a furred tongue, constipated bowels, deficient secretion. Remove these pathological conditions, and then the iron will be productive of benefit. The preparation to which we are more partial is the tartrate of iron and potassa. This article has peculiar properties to recommend it in the diseases of children: it is very soluble, of an agreeable taste, and rarely offends the digestive organs; children take it often with pleasure—rarely with disgust. Its dose should be small; two or

three grains twice a day are sufficient to produce its curative effects. It should be gradually introduced into the system by small doses. It is the common practice to give what, in medical parlance, are called "decided doses;" and there are many cases of this disease, where iron is evidently indicated, that have been made worse by a too heroic use of it. Sulphate of quinine is also, under peculiar circumstances, a valuable tonic in chorea. In our low, marshy localities its employment is indispensable. You cannot cure chorea in strongly miasmatic districts without quinine.

The sulphates of copper and zinc are valuable tonics, and will often cure the disease when others fail. Arsenic, if we believe continental authorities, has produced wonderful effects in this disease, and recently Drs. Barker and Manet have reported two cases cured by Fowler's solution.

Baths.—The cold shower baths, and particularly the sulphur bath, are certainly useful in this disease, but they do not merit by any means the high wrought eulogy bestowed on them by French physicians. We certainly have been deceived in their effects in cases of chorea in our climate. In certain constitutions, and under certain conditions, we have derived benefit from them, particularly the sulphur bath: when necessary, we greatly prefer cold sponging to the shower bath. When the nervous irritation is very great, and especially when the functions of the digestive system are deranged, the tepid salt bath at bed time, followed after the lapse of three or four days by the sulphur bath in the morning or cold sponging, often occasions the most grateful effects. Upon the whole, we think that the proper location of baths in the treatment of this affection should be in the list of adjuvants.

We now invite the attention of the profession to the specific therapeutic properties of the *cimicifuga racemosa* in the treatment of chorea. This is no new medicine. It is no novel remedy in chorea. That it is an agent of strong therapeutic powers, we have the testimony of Garden, Hildreth, Johnson, Davis and others. That it possesses properties which peculiarly recommend it in the disease under consideration, we have the high authority of Physick, Kirkbride, Wood, Beadle and Young.

The physiological effects of this medicine on the animal economy have not been fully investigated; and by reference to the writings of those who have had experience with the article, we find a want of unanimity of sentiment. The use of *cimicifuga* in our hands will not permit us to class it, as has been done, among the acronarcotics. We have never witnessed any influence on the brain, even in large doses; neither

have we seen any marked effects on the mucous membrane or secretory organs. The *cimicifuga* appears to us to be endowed with tonic powers of no transient character; it moreover possesses properties eminently adapted to diseases of the excito-motory system of nerves—in chorea, for example, we witness this property in a superlative degree; it would be impossible to explain its effects in this disease by its tonic influence only, for many cases, in which both the mineral and vegetable tonics had been extensively employed without beneficial results, have yielded to this medicine. It is therefore an excellent remedy in all diseases which have for their pathological feature irregular nervous action.

We must take care not to run wild in our praise and recommendation of this article of our indigenous *materia medica*. It is lamentably too often the case that when a medicine has become serviceable in the treatment of any disease of a doubtful character, it is abused—prescribed in all cases of the disease without discrimination, and regardless of peculiar morbid and hygienic conditions. This disposition on the part of the authors of new remedies to magnify their effects and enlarge the field of their operation, has been the cause of injury to the science of therapeutics, and it has been the chief cause of the abandonment of many remedies of great utility. The *cimicifuga* will not cure all cases of chorea: in order to ensure its remedial effects certain preliminary conditions are indispensable. When there is no tenderness of the spine, no furred tongue, no affection of the digestive organs, no high arterial action, the *cimicifuga* will act well in all cases, and in a large majority will effectually cure the disease without aid of other remedies. In case second we find that as soon as there were evidences of derangement of the abdominal organs, the medicine had to be suspended; this morbid derangement being corrected, the medicine was resumed with success. We therefore recommend it to the profession as a valuable remedy for chorea.

Dr. T. N. Johnson has reported cases of rheumatism in which the *cimicifuga* proved successful. We allude to this for the purpose of saying that it is strongly corroborative of the view taken by Dr. Bothell of the nature of chorea, viz: That it has the same anatomical lesions, and cures by the same remedies as rheumatism.

Some Remarks on the Topography and Diseases of the Northern Neck of Virginia.

BY A. J. CRITTENDEN, M. D., OF NORTHUMBERLAND COUNTY.

HEATHSVILLE, March 18, 1852.

Mr. Editor—Your “Stethoscope” has been upwards of a year transmitting with commendable accuracy the voice of the profession in different sections of the country to the public, but as no one has yet been heard from this, the “Northern Neck” of Virginia, I will briefly attempt to give you a sketch of such incidents worthy of note as have transpired within my observation during the last three or four years, as far back as I have been an humble disciple of Æsculapius.

The Northern Neck is a sort of geographical episode, being connected with the main land only at its northwestern extremity. It lies between the Potomac and noble Chesapeake on its north and east, and the Rappahannock river south and west. Its surface is rather undulating and barren remote from navigation, but level and highly fertile on the water courses. The hills range principally from east to west, but are not large nor abrupt. The forest vegetation consists chiefly of chesnut, spruce and old field pine, (*p. taeda*,) and several species of the oak—red, black and Spanish. Ash, maple, hickory, dogwood, &c. are frequent, but not so abundant. The rich alluvial swamp lands are freighted with white oak and yellow pine (*p. palustris*.) Marls of the best qualities and abundant are buried throughout the country, and will be mines of inexhaustible wealth to our farmers in renovating the soil, worn out by our ancestors in the culture of tobacco, when they shall turn their attention to the improvement of their lands and leave the pine trees to take care of themselves. That able scholar, Prof. R. E. Rogers, told me that the richest marls he had found in his geological survey were under the hills of Northumberland.

Heathsville, our county seat and metropolis, is a beautiful little village, containing about 300 inhabitants, and distant three miles from the wharf on Cone river, where steamboats ply several times a week, and the small coasting vessels almost daily.

The surface of our soil is covered with the remains of the trees felled for cord wood. Our forests are dotted every now and then by either a saw or grist mill, whose ponds cover a considerable area, and the creeks and rivers along our shores shoot up their branches high into the adjacent country, terminating in large marshes. All this combines the conditions for the generation of periodic fever, either by malaria, or through

the alternations of heat and cold, as ably advocated by Dr. Gayley of Alabama.

This county is probably intersected by as many eddies, inlets, &c. as any other in the Northern Neck. The elements for vegetable decay from the above mentioned sources are certainly as copious.

So much for the topography of the natal soil of Washington and Madison, and more especially for that of Northumberland, which gave to the world a greater than these, *Mary* the mother of Washington—for it is the *mother* who instils and cultivates the greatness of men.

During the summer and fall of 1848, our endemic intermittent and remittent fevers prevailed to a very great extent, though with but little mortality, so far at least, as my observation extended. General indisposition, malaise, headache, high colored urine, constipation, weakness and soreness in the limbs and lumbar region, loss of appetite, thirst, a furred tongue, slight nausea, with a sense of oppression in the epigastrium, and an icterode hue of the conjunctiva, with an undefinable expression of weariness in the countenance, and alternate flushing of heat and chilliness, perverted nervous action, usually gave warning several days before a chill or ague, followed by a hot fever and aggravation of all or most of the foregoing symptoms, ushered in a paroxysm of *remittent fever*. Absolute diet for a day or two, *the unrestrained indulgence in ice*, 10 grs. of sub. mur. hyd. at bed time, followed by a saline cathartic the morning after, usually sufficed to convert the remission into an intermission, and then 10 or 12 grs. of quinine administered in the interval, and not in the paroxysm, finished the cure. Sulphate of magnesia and of quinine in combination, exhibited in broken doses in the intermission, would generally arrest intermittent fevers. Tertians, unlike quotidians in this respect, were not so readily amenable to this treatment, especially double tertians, when an opiate administered in full dose just before the accession of the ague, would postpone it *sine die*.

The succeeding winter and early spring of 1849 presented nothing remarkable beyond their usual quota of pleurisies and other phlegmasiæ. The latter spring and early summer, as customary for this period, were remarkably healthy. The decline of summer and first of the fall again furnished their wonted miasmatic fevers, with the addition of a pretty extensive visitation of ophthalmia in a mild form, for no attack within the circle of my experience was followed by any permanently disagreeable consequence. It assumed the conjunctival form. A spare diet, cathartics and a saturnine collyrium generally fulfilled every indication. In severe cases it was

sometimes necessary to take blood from the arm, scarify and cup the temples and nucha and ptyalise the patient. The conjunctiva occasionally was left granulated or studded with minute ulcers, when the solid, or a strong solution of, nitrate of silver was required to bring it back to a healthy condition.

The ordinary routine of diseases and health followed on in this winter and the spring of 1850. Early, however, in the summer of this year (1850) dysentery prevailed with considerable fatality, superseding almost wholly the usual febrile affections. Its invasion commenced in June and continued till late in the fall. With rare exceptions it was of an adynamic type and aggravated by cathartics and blood-letting, especially when they were pushed to any considerable extent. The victims were reduced rapidly by the copious and frequent stools of bloody water, like the washings of flesh. Pil. hyd. ext. quassæ, and sulphate quinine aa. 1 gr. every 2 or 3 hours, with enemata of a strong decoction of red oak bark and tinct. opii., and aperients of ol. ri. p. r. n. were much more salutary. The most suitable diet was light soups, jellies, farinacea, mucilages, lime water and milk. If there was much fetor, a teaspoonful of charcoal was administered 2 or 3 times a day with happy effect. Nothing occurred worthy of relation from this period till about the first of May 1851. This month and its successor were more fatal than has been witnessed for many years. It was a matter of almost daily occurrence for several weeks to hear the following relation: "A, B or C got up yesterday morning as well as usual, dressed and breakfasted, when, feeling a sharp pain over the right eye and sore throat, chilliness and then fever, returned to bed, became delirious, and died within 24 hours." The people called it "The epidemic," from its resemblance to the one that traversed this country about the close of the last war (1812.) The cases, as above described, were rarely or never attended by a physician, and consequently no autopsies were made. Those which came under our care presented the following train of phenomena; or rather, they might be divided into three orders. Of course, the three classes were not always separate and distinct, since many cases would present features in which all or any two of them might be recognized as bearing a part.

When well enunciated, the *first class* presented the following symptoms: Sighing, moaning, jactitation, headache, tongue furred along its centre, and red margin, aching pain in the limbs and lumbar region, hot skin, tenderness in right hypochondrium, constipation, pulse quick but not very frequent, averaging about 104, somewhat corded, respiration hurried, *sore*

throat, pain over the (generally right) eye, nausea, bilious vomiting, thirst, dry skin and anorexia, urine depositing a red sediment. Venesection to 10 or 16 $\frac{3}{4}$, followed by an emetic and cathartic of the mild chloride mercury and ipecac aa. 12 grs. would relieve promptly this high congestion of the liver and primæ viæ. Second. Dyspnœa, frequently amounting to orthopnœa, morbid vigilance, respiration embarrassed, and from 30 to 60, pulse 120, 180, small and tense, great anxiety and lividity of countenance, slight, frequent hacking cough with only a little mucous or no expectoration, a fugitive tickling pain traveling over the chest antero-inferiorly, moist crepitation, and further on, if the lancet were not used, dullness on percussion, with local resonance; *sore throat, frontal pain*, skin cool, with the extremities, in violent cases, cold and damp; urine clear, bowels regular. Towards the 5th or 6th day the pulse would soften, and the breathing become less laborious, but both would still be frequent. About this time or a little later, epistaxis, headache, duskiness of the complexion, a weary expression of countenance, *the facies of typhous*, but none of the abdominal signs, no cutaneous eruption, no subsultus then afforded the ground for believing these were cases of enteric fever complicated with pneumonia. The character or absence of the expectoration also, with the state of the skin, forbade this belief. They were pulmonary congestion terminating in apoplexy, or overpowering of this organ in fatal cases. The unfavorable result was brought on by a stasis of blood in the pulmonary parenchyma or capillaries, arresting hæmatisis, thus cutting the pabulum vitæ. Active delirium preceded dissolution, and was doubtless due to the toxicological influence of the venous blood as it played upon the sensorium. The mind dethroned by this perverted nervous action, ratiocination no longer balanced, the disordered imagination would wing its flight backwards to the forgotten scenes of childhood's happy hours, recalling pleasures long since forgotten in the cares and troubles of maturer years, or soaring onwards, pale the cheek and freeze the life blood of the impure in heart, by anticipating the horrors of the lost soul, but open, to the raptured gaze of the child of Heaven, the joys of Paradise. The large quantities of blood taken from the arm would startle the incredulous at its relation. Some were bled to 16 or 18 $\frac{3}{4}$ twice a day, for three or four mornings and evenings in succession. The antiphlogistic treatment in all its vigor was pursued with the most gratifying results. The lancet ad deliquiem animi, absolute diet, and the chloride of mercury and tart. antim. et potass. as sedatives, and nauseating and aperient doses after the onus of the determination had been removed, were called

into action most effectually. The purgatives, tonics and opiates of *typhus* were of no avail.

In conjunction with my intelligent friend Dr. Henderson, I made an examination of a body, where effusion had occurred several days before the physician was summoned. The intestinal tract was diseased nowhere, and the only lesion observed was the presence of several patches of apoplexy in the lower lobe of the left lung. Death occurred from the 15th to the 20th day of the attack. Third. *Cerebral congestion, intense headache, flushed face, tinnitus aurium, frontal pain and sore throat, anorexia; strong, full, slow, laboring pulse, skin hot and wet or dry.* The patient was careful to maintain the dorsal decubitus. Copious venesection, a drastic, a cantharides plaster to the nucha, and a hot sinapised pediluvium were the effectual remedies.

In the above there were two symptoms common to all, viz: the frontal pain and sore throat. Some slight injection was observed in the fauces. The second division exceeded the first in point of numbers and mortality, as the first did the third. I have no exact data however as to these points. The length of this article, and your healthy injunction as to brevity, prevent me from giving a more extended notice of this epidemic. Save when here and there in single cases, or by families, the above disease would reappear, the subsequent summer and fall were remarkably healthy. I accidentally omitted to mention the slight visitation of mild scarlatina in our county in 1848. It, as well as 15 or 20 cases of *variola* in 1849, presented nothing peculiarly interesting. So far as I was advised, not a patient died of either malady. The contagious diseases that occasionally infest our section are generally transported hither from Baltimore, Washington or Norfolk by the vessels engaged in sailing between our shores and these cities. The latter part of December 1851 and the whole of January 1852 were memorable for the extent and severity of pleuritis and pneumonia. They were, however, very tractable when seen in time or treated promptly. In some instances venesection was performed five or six times before the affections were mastered. February and March, up to this time, have been quite healthy—and here my journal ends. It would afford me much pleasure to descend to some individual cases, to lay before the notice of your correspondents the history of particular or special affections, as influenced by therapeutic and other agents—quinine, mercury, opium, blood-letting and cod liver oil—but for having already drawn out this communication to an unwarrantable length. For the same reason, I have omitted the details of several in-

stances peculiarly interesting because of their anomalous features or idiosyncrasies—their refutation of accepted postulates, or confirmation of others, in the healing art. This, you know, Mr. Editor, is the age of progress *ad infinitum*, and it is permitted to the merest tyro in our art to question, to canvass freely and fully the venerable, time honored traditions of the fathers, to uproot science from its foundation, and erect upon its ruins a new Colosseum and Parthenon, more gaudy, at least, than Greece or Rome ever saw, though the edifice may not be so solid or commodious.

Illustrations of the influence of Epidemics on Sporadic Diseases.

BY GOODRIDGE A. WILSON, M. D., OF RICHMOND.

It is an ancient observation in medicine, that epidemic diseases often impress their characteristic features in a marked manner upon sporadic affections occurring at the time of their prevalence or following shortly in their wake. I shall not lengthen this paper by adducing the many exemplifications of this truth which our medical literature affords. Suffice it to say on this head that abundant evidence exists that the last great scourge of humanity, epidemic cholera, constitutes no exception to the general rule.

This paper will be devoted to the influence of epidemic intermittent, and particularly the great epidemic of 1845-'6, on the ordinary sporadic diseases of the season. I bring the subject before the readers of the Stethoscope, because, in no regular treatise or periodical which I have seen, are the important practical indications which I shall endeavor to elucidate as clearly and distinctly set forth as their importance demands. I shall give faithful transcripts of what I often witnessed during a residence of fourteen years in the Valley of the Roanoke—a region in which the whole class of disorders, termed miasmatic, are habitually endemic.

The first two cases are examples of inflammation of the pulmonary tissues, complicated with intermittent.

Case I.—Mr. R. R——, a wealthy gentleman, aged 58 years, of unusually robust constitution and active habits, but who had for a year previous, had occasional attacks of intermittent; was on 20th January seized with rigours, pain in the back and frontal region, having for some days suffered hoarseness and the ordinary symptoms of catarrh. Found him with hot skin, considerable dyspnoea; constriction about the chest, cough troublesome, expectoration not copious, but thin and

saline to taste; chest yielding nothing unusual on percussion; respiration, attended with wheezing, whistling sounds, the symptoms clearly indicating acute bronchitis; pulse about 80, and firm on pressure; cheeks flushed; he was bled about 12 oz., then freely cupped, with marked diminution of vascular action; ordered a mercurial cathartic for the night.

21st. Purge acted well, with mitigation of symptoms; skin still hot and dry; dyspnoea considerable; expectoration rather more abundant. Directed solut. tart. emetic and nit. potassa during day, and repetition of mercurial purge at night.

22d. Found my patient much improved; fever very moderate; skin disposed to moisture; pulse 70, soft; expectoration free, watery and saline; respiration attended with mucous râle; cough troublesome. Directed a combination of vinum ipecac., tinct. hyosciamus and an alkali, at regular intervals.

On same night I was summoned back to my patient; found him with high fever, cough and urgent dyspnoea, expectoration copious and frothy, pulse 85, soft. I learned that about 9 o'clock he complained of general lassitude and wandering pains, which were ascribed to his having sat up too long, and were followed by the febrile exacerbation in which I found him. Directed tartar emetic and nitre solution every two hours.

23d. Febrile symptoms greatly abated; symptoms of bronchial inflammation still conspicuous, though not extensive. Directed large blister to chest and mixture of syrup of squills and antimonial wine.

24th. Patient comfortable; blister drawn well; skin and pulse in favorable state; dyspnoea less urgent; sputa of more consistence. Directed cough mixture, and attention to bowels.

On same night I was again called to my patient, with a message that he had a chill. Found him propped in bed, with distressing dyspnoea, throwing from his lungs a frothy fluid which formed with such rapidity as to threaten suffocation. Pulse very rapid and feeble; surface cool; face pale; lips livid. I ascertained that about 8 o'clock he had wandering pains, quickly followed by chill and the symptoms just described, which had increased in urgency up to the time of my arrival, (12 o'clock at night.) Ordered a mustard emetic, which in its action seemed to aid in throwing a large amount of frothy, foamy fluid from his lungs. This was followed by decoction serpentaria, with carbonate of ammonia, and stimulating frictions to extremities. Under this treatment the surface gradually became warm, and excitement more diffuse. The dyspnoea and bronchial secretion diminished as the reaction was developed. During the height of the febrile exacerba-

tion he took tart. emetic and nit. potassa. At this juncture I had the counsel of my skillful friend, Dr. P. C. Venable of Mecklenburg. The tertian intermittent complication of the case had distinctly revealed itself, and we determined to act accordingly.

On night 25th, the bronchial inflammation being evidently more extensive, the blister was reapplied, and tart. emetic solution continued.

Early in the morning of 26th, patient with fever, and no abatement of bronchial symptoms. Directed 2 grs. of quinine, 1 gr. of calomel, and 1 of ipecac. to be given every hour until 8 o'clock at night. The patient bore the remedies well, and escaped the paroxysm which had occurred obscurely on 20th and 22d, and very unequivocally on 24th.

27th. Patient doing well. Directed laxatives and cough mixture.

28th. Again directed quinine and ipecac. in smaller quantities than on 26th. No change in bronchial symptoms.

29th. Patient escaped the chill; and from this time, nothing unusual presenting itself, all the symptoms yielding to mild remedies.

Case II.—Mr. W. B. E., a highly cultivated, delicate gentleman, aged 45, suffered during summer and autumn of 1846 repeated attacks of intermittent. On 16th February 1847 had a slight chill followed by fever, which not having subsided on 17th, I was desired to see him. Found him with hot dry skin, face flushed and somewhat jaundiced, pulse 90, resisting, tongue coated; occasional, dry cough, some pain on deep inspiration in region of lower lobe of the right lung; crepitous râle very distinct over same region. Patient was bled to about 14 oz. and freely cupped. In course of afternoon he was again bled to about 8 oz., with marked effect on the circulation. Directed 9 grs. of calomel and 9 of ipecac. to be divided into three portions, and taken at equal intervals during the night.

18th—Found the patient with but little change—skin still hot, respiration hurried, expectoration more copious, sputa rusty and tenacious, crepitous râle, pulse 95, soft. Directed solution of tart. emetic and nit. potassa during day, and the calomel and ipecac. again at night.

19th—Found the patient more comfortable; fever less. I could discover no increase of the extent of the crepitous râle. Bowels had acted well.

20th—Found the patient still more comfortable; skin soft, respiration hurried, but sputa more copious and more easily raised. On examination I could discover no increase of pneumonitis. Continue tart. emetic solution.

On the evening of the same day, on being called again to my patient, found him with great increase of fever and general distress; cough troublesome; sputa characteristic. Directed calomel and ipecac. as heretofore.

On the morning of the 21st fever had greatly subsided; skin moist; but the respiration was much embarrassed by more free discharge of sputa. Crepitous râle could now be detected in the superior lobe of the lung. Directed a large blister to the affected side. At night I was summoned again, with a message that the patient had a chill. Found him propped in bed; dyspnoea distressing; expectoration copious, foamy and frothy; one cheek flushed, the other unnaturally cold and pallid; palms of the hands hot, back of the hand and forearm cold; feet cold to the knees; pulse upwards of 100, rather feeble; heart laboring violently. I took about 8 oz. of blood and watched the effect of the remedy. In a short time the reaction became more manifest: pulse became stronger and fuller; warmth more generally diffused. I opened the vein again, and was enabled to make a large bleeding with best results; the respiration being greatly relieved, expectoration diminished.

Early on morning of 22d, pulse 100, soft; cough troublesome; sputa tenacious and rusty; patient complains of some pain in the side. The quotidian intermittent having unequivocally presented itself, I determined to act accordingly. 24 grs. of quinine, 12 of calomel and 12 of ipecac. were divided into 8 parts: one ordered every two hours, beginning at 7 o'clock A. M. The patient bore the treatment well and escaped the paroxysm which had occurred on two previous evenings; no action on the bowels from the calomel; chest yielded a dull sound over the lower half of the lung; crepitation distinct over the whole upper lobe.

23d. Directed repetition of the quinine, calomel and ipecac. At night he seemed more unwell; respiration more difficult; countenance anxious; pulse quicker and feebler. During the night the bowels acted freely, and at 4 o'clock on the morning of the 24th I found him asleep and bathed in a general, warm perspiration, which continued nearly the whole day.

25th. Patient manifestly better; sputa changed in character; respiration easier; fever very moderate.

26th. Patient still improves. On examining the gums, I found him mildly ptyalised; direct mixture to be continued.

27th. Still improving; no treatment except brown mixture. The patient continued in a satisfactory state of convalescence until the 1st of March, when I was hurriedly summoned by a message, that he had a chill; found him with the most

urgent dyspnoea and copious frothy expectoration; surface cold, pale and livid; pulse very feeble and too frequent to count. I now had the aid of Dr. Venable. Rubefacients, blisters, stimulants, and every hopeful expedient resorted to, to bring on reaction, but with only partial success. The left lung was now extensively affected; respiration became more and more difficult; patient delirious; skin jaundiced. In this state he lingered until the 3d, when death closed the scene.

The next two cases are examples of cerebral affection, complicated with intermittent.

Case III.—S. De G., a young man, aged 17, had always enjoyed good health—after complaining for some days of what is familiarly known as “bad cold in the head,” spent the day of 22d February 1845 with a hunting party, the ground being covered with snow; at night returned much jaded, and complaining of intense headache. The symptoms increasing, I was desired to see him, and found him at 11 o’clock, as follows:

Fever intense; pulse full, strong and bounding; face flushed; delirium violent; great heat of head; pupils contracted; patient constantly endeavoring to escape from bed.

A vein being opened, the blood was permitted to flow to approaching syncope, with best results. Vascular action was calmed; skin softened; delirium quieted. The truce lasted about an hour, when the symptoms returned in a moderate degree. A branch of temporal artery was now wounded with a lancet, a cup applied, and I was enabled to practice an efficient local depletion. The delirium again was quieted; applied ice to the head and administered an active purge; patient kept quiet during the night, but did not sleep.

23d. Purge acted well with considerable relief; at 4 o’clock afternoon, patient still better; pulse soft and slower; skin pleasant; manner restless and impatient; still no sleep. Directed to repeat the purge; continue cold to head.

24th. Patient much better; had slept well; fever almost gone; no delirium; manner calm and quiet; has no pain. On the same night I was again called to see him, but did not reach him until six o’clock on the morning of the 25th. Found him in the greatest extremity; surface cold and clammy; pulse very feeble; expression vacant and besotted. I learned that about ten o’clock he complained of pain in the limbs and back, stretching and yawning, followed by chill. Delirium came on, violent at first; had gradually subsided into the state I found him. It was evident, only a very imperfect degree of reaction had taken place. Congestion of the brain became

more and more profound. All efforts to relieve unavailing, and in the course of fifteen hours convulsions closed the scene. This patient had never suffered an attack of intermittent.

Case IV.—Mr. J. G., (now Dr. G.,) aged 23 years, was taken violently sick after unusual exposure to a very hot sun on the 4th of July 1845. The case presented all the symptoms of inflammatory fever, with cerebral determinations; acute delirium from the commencement; the whole artillery of the antiphlogistic system had been brought fully to bear from the commencement; general and local blood-letting, purgatives, &c., with only temporary and partial abatement of the intensity of the symptoms. This account of the case was given me by his medical attendant. When called to see him on the 11th of July and 7th of the disease, found him as follows: Violent delirium; pulse very frequent, small and feeble; extremities cold; head hot; pupils contracted; patient had not slept for some days, and was constantly struggling to leave his bed. Having frequently witnessed the power of cold as applied by Southwood Smith, I determined to make trial of it. The patient's head was placed over the edge of the bed with a tub underneath; standing on a table at considerable elevation above him, a large pitcher of ice water was poured in a small continuous stream on his head. Resisting violently at first, he soon became passive and then motionless and relaxed, seeming to be in the last degree of exhaustion; the patient placed back in bed and made as comfortable as possible; had stimulating frictions to the extremities. In course of some 15 minutes a glow appeared on the surface, warmth returned to the extremities, reaction more perfect; patient became restless, then violent, and the cold as above described would be reapplied. This treatment was faithfully carried out by two intelligent gentlemen, who offered their services for the night. After its application for ten hours, I found him profoundly asleep at seven o'clock on the morning of the 12th; skin warm, pulse less frequent; at 9 o'clock he aroused, and asked for water. His condition during the day fluctuating, sometimes coherent, at others wandering; his general expression a mixture of surprise and alarm. Directed bladder of ice to head and reapplication of blister to back of neck. On conversing with his father, I ascertained that although he had had constant fever and delirium from the commencement of his illness, yet there was manifest augmentation and aggravation of all the symptoms every other day. I had suspected a treacherous intermittent to be complicating the case, and determined to act accordingly. In this state of things, 24 grains of quinine, 12 of calomel and 12 of ipecac.

were divided into 8 parts, one to be given every two hours; commencing at 2 o'clock on the morning of the 13th. At 9 o'clock I found him with no increase of cerebral symptoms; skin warm, pulse quick and sharp; but little sleep. At 4 o'clock P. M. he was profoundly asleep; when he awoke was entirely rational. From this time he had a rapid convalescence, undergoing no treatment except some attention to the bowels, and the precautionary use of quinine again on the 15th.

The following is an example of intestinal inflammation complicated by intermittent:

Case V.—Jim, slave of Mr. W——, aged between 50 and 60 years; had been complaining of disordered bowels for some days; had taken a dose of oil. On 5th September 1846, found him as follows: Quick pulse, some heat of surface, especially the abdomen, considerable tenderness on pressure over the iliac regions, discharges frequent and thin, the last containing some bloody mucous, and voided with pain, tongue moist, contracted and pointed, red on the edges, furred on the surface; he was freely cupped over the abdomen; two grs. of opium and six of calomel divided in three parts, one to be given every four hours.

6th. Patient feels better; discharges less frequent; a bilious matter mixed with bloody mucus, still attended with pain; pulse 75, skin softer, less heat of surface, tongue dryish, still considerable tenderness on pressure. Directed a blister to abdomen, and portions of Dover's powders and acetas plumbi at regular intervals.

7th. Patient much worse; discharges very frequent; although the surface is cool, he complains of great heat and thirst; features contracted and shrunken, pulse very frequent and feeble. Directed a commanding opiate, and camphor julep. Blister had drawn well; rubefacient frictions to extremities. Under this treatment the symptoms seemed controlled.

8th. Found him much better; had had but three evacuations during the day; pulse 80, soft; no thirst or heat of surface. Asked for a cup of tea, which was allowed.

9th. About 12 o'clock received a message that my patient was dying. Found him perfectly prostrate, scarcely able to articulate, but entirely sensible; having enormous watery discharges in his bed which seemed beyond his control; pulse very frequent and feeble; surface cold and clammy. Administered commanding opiates, and free use of French brandy; dry frictions to surface. After a hard scuffle of six or eight hours, I had the satisfaction of again seeing the symptoms controlled and full and perfect reaction established.

10th. Found patient only complaining of debility. There had been no disturbance of the bowels. Periodicity being an important symptom, I determined to act accordingly. 20 grs. of quinine were divided into 10 parts: one ordered to be given every two hours, commencing at 6 o'clock that evening.

11th. No return of symptoms; patient comfortable; bowels quiet.

12th. Patient still improving; ordered quinine again to prevent paroxysm of to-morrow. The treatment was perfectly successful, no other difficulty occurring.

Remarks.—The cases above detailed are instances of inflammation of the brain, lungs and bowels, complicated with intermittent. They have been selected from many others, because of the distinctness with which the complication is marked in each. In many, perhaps a majority of the cases encountered by the practitioner, the evidences of its existence are much more obscure, requiring the closest and most scrutinizing observation to detect it: often, I am sure, it is entirely overlooked, even when its insidious assaults are daily defeating the best devised remedial treatment. Sometimes the first few paroxysms of this intercurring intermittent are so mild, that the most vigilant eye hardly feels safe in pronouncing their existence, before another intervenes of overwhelming power.

Periodicity, the great characteristic of this class of diseases, constitutes our only guide in the *diagnosis* of the cases. But the busy practitioner, only able to see his cases once in 24 hours, may readily overlook a feature which is only revealed by patient and watchful observation and comparison. But the intelligent nurse, having his attention particularly directed to the subject, will often be of material service.

In some of the cases involving inflammation of the pulmonary tissues, my diagnosis has been materially aided by the discovery of a want of proper correspondence between the general symptoms and the actual amount of disease, as discovered by a physical exploration of the chest.

I need not detain the reader with an attempt to portray the effects of these intercurrent intermittent paroxysms upon the local affections.

Inflammation of a vital organ itself calls into requisition our highest skill. But when we reflect that this inflamed organ is made daily to participate in the commotion excited by the congestions and reactions of an intermittent paroxysm, we can appreciate the fearful odds against which we contend. One mild paroxysm of to-day—so mild as almost to escape notice—will undo all that the most consummate tact could

accomplish on yesterday for the relief of a suffering organ. And thus the inflammation goes steadily on to disorganization, or, as is very often the case, the intermittent gathering strength, and the general system losing its power of resistance, the inflamed organ is overwhelmed as if by a sudden blow.

From what has been said, it will be readily inferred that much care and promptitude are requisite for the successful treatment of the class of cases I have endeavored to describe.

After having witnessed a great variety of pathological states complicated by intermittent, I believe I can safely say, that an indispensable prerequisite to the successful management of all of them, is a *prompt arrest* of the intermittent paroxysms. The treatment necessary for attaining this end may not be well adapted to some of these pathological conditions, but even in these, it is a wise choice of ills.

Fortunately, we have an agent in sulphate of quinine, which will effect this object, without jeopardizing the integrity of organs already inflamed.

As early as the year 1838, I had to unlearn all that had been taught me of this agent as a stimulant and tonic, and of the dangers attending its administration in inflammatory states of the system. I have often noted its effects in that class of cases complicated by cerebral determinations, and can safely say I have never known injurious consequences to follow. If stimulant at all, it has not acted in my hands as stimulants are wont to do. In many cases of high nervous excitability, it has had soothing and sedative effects. Within 30 days I have given it in 5 gr. doses, in a case of severe traumatic irritation, attended with prolonged vigilance. It procured sleep, when opium had utterly failed.

Report of a Case of Puerperal Convulsions, and one of Mal-Presentation, in which Ergot was used.

BY DR. W. P. RICHARDSON, M. D., OF NEW KENT COUNTY.

MR. EDITOR—I propose to forward you the report of two cases which came under my own observation and treatment, with a view that you may publish them, should you deem them worthy of a place in your pages. The first I consider a very important case, and one, though not very often met with in practice, is in the highest degree formidable and alarming. It is a case of *puerperal convulsions*.

On the 21st day of January 1851, I was hastily summoned to visit Mrs. T., aged about 26 years, of a sallow, sickly appearance, pallid face, blue eyes, dark hair, and a short thick

neck. As I was dismounting from my horse my ears were greeted with the unpleasant sound, "Run, Doctor, she has another fit." I suspected immediately what was the matter. I sprang into the house as speedily as I could, and found her husband and the midwife holding her in a somewhat recumbent posture, while she was convulsed from head to foot. She was in her first labor; her cervical veins were fully distended, and her pulse full and rapid. Upon examination, I found labor had fully commenced, and enquired of the attendants how many convulsions she had had? The answer was, Some dozen or more, and each one was worse than the preceding. It was now about 10 o'clock A. M., and she was taken with the first convulsion about day of the same morning. They were, doubtless, marking each labor pain. I waited a few moments for her to come to her senses, but her breathing continued stertorous, and she appeared almost comatose. Believing that each paroxysm was worse than the preceding one, and apprehensive that the paroxysm she then had would be followed in rapid succession by another, I corded her right arm, (the most convenient,) opened a large orifice and took about $\frac{3}{4}$ xx. blood. At first it ran very slowly and black, but it soon changed to a brighter red, and ran faster.

By the time we had taken $\frac{3}{4}$ xvi, she came to her right mind, and said her head felt badly. Bleeding over, I ordered her to be put in bed, and cold lotions applied to her head, and warm applications to her feet. I ascertained that the os uteri was moist, soft and dilatable, and having occasion to leave her, ordered gtt. xx vinous tinc. ergot to be given her once an hour till 3 o'clock P. M., at which time I purposed to return. On my return I learned that labor had been progressing regularly and well, and that her convulsions had ceased up to some fifteen minutes before my arrival, when she had had one only. Some fifteen minutes after my second visit, she was taken with another paroxysm, occasioned by a labor pain. Labor had at this period made considerable progress. I bled her again slightly, taking about $\frac{3}{4}$ viii. In the next convulsion the foetus was expelled, and much to my surprise, alive, not having sustained the least injury. After waiting some hour or more, as is my custom, for the placenta to be expelled by the subsequent contractions of the uterus, I introduced my hand gently and took it away. It was small, hard and very contracted. Such was the extreme sensibility of the uterus, that upon the stimulus occasioned by my hand, she went into another convulsion, after which she had no more. I was satisfied at first that the sooner the contents of the uterus were expelled the better it would be for the pa-

tient—hence the prescription of ergot. On the third morning I ordered her to take $\frac{3}{4}$ iss. ol. ricini and 3 i ol. terebinthinæ, in order to clear out the alvine canal. This dose had a very good effect in quieting the nervous system. But on the fifth day after her confinement I was summoned again to see her, her husband stating that he thought she was dying, giving as a reason for his belief that she was in a cold perspiration, and breathed very badly. On my arrival, I found her laboring under a hysterical paroxysm, and ascertaining that she had not been able to sleep well for one or two nights, I ordered gtt. xl. laudanum to be given to her, and if she did not get to sleep to give gtt. xx more, in the course of two hours after the first draught. The whole quantity was given, and some eight hours' sleep was obtained. On again visiting her I found the lochia profuse; I now put her on tinc. ergot gtt. xxx, morning, noon and night, together with more nutritious food, and she convalesced very rapidly.

I know of no remedy more valuable than ergot when given in cases properly indicating it. But when used improperly, it must be exceedingly dangerous. I remember during the summer of '51 I was called to consult with a professional brother in the case of Mrs. G. She had been in labor some 36 hours. Right shoulder presentation, and the whole arm of the same side entirely expelled. In this situation ergot had been exhibited, and the uterus was contracting most violently and incessantly without the possibility of the foetus making any progress whatever. In this case it was evidently contraindicated, from the fact that the uterus was in danger of being ruptured. The physician with whom I consulted had concluded to exviscerate the foetus, which was now lifeless, for the purpose of saving the mother. Upon consultation, we agreed to wait a short time, and perhaps the necessity of dismembering might be averted by some evolution. To relieve the excessive uterine action occasioned by the ergot, I suggested tinc. ipecac. to be given in drachm doses. After two draughts had been taken, I discovered, upon examination, an evolution of the foetus had been made, and it was expelled in a very short time, breech foremost, to the very great joy and comfort of the mother, as well as her attendants. This patient did well. Turning in this case was utterly hopeless, as every effort was made, but proved abortive, and had it not been for the accidental evolution that occurred, uterine rupture must have inevitably happened. I submit these cases chiefly to shew the good as well as the bad results which may arise from so valuable a medicinal agent as ergot.

Barhamsville, March 1852.

Observations on Iodo-Hydrargyrate of Potassium.

BY THOMAS J. GARDEN, M. D., OF WYLLIESBURG, VA.

The February and August numbers of the American Medical Journal for the years 1834 and 1840 contain papers on a combination of iodine, mercury and potassium, by Doctors Channing of New York and Hildreth of Ohio. These papers present some discrepancy of opinion with regard to its effects in diseases of the chest and some other acute affections. Both, however, describe it as an agent of no ordinary power, admitting of a wide range of applicability in the treatment of diseases. I was led by these papers to make trial of the agent; and as its virtues are not generally understood in this country, I have been induced to present you for publication some cases of disease I have been enabled to relieve through its agency within the last fifteen years. The remedy is an *universal alterative*, and seems to be an excitant of particular organs and functions.

The judicious practitioner will bear in mind, (in imitating the practice which was so successful in the cases now reported,) that numerous exceptions are to be found. Disease is an integer, and each individual case must stand for itself.

The invaluable agent which is the subject of this paper has been prescribed by myself almost monthly for the last fifteen years, and is certainly a signal instance of the power and efficacy of combination. The formula for its preparation is as follows: \mathcal{R} Deuto-iodide mercury grs. iv; distilled water \mathfrak{z} i; iodide potassium \mathfrak{z} i. Mix. The solution is of a beautiful straw color. The medium dose 5 gtt., taken three times per day in some bitter infusion to disguise the strong metallic taste. This dose to be gradually increased until its morbid effects are manifested. A suspension of its use for a day or two will quiet these morbid effects; but when it is recurred to, begin with the medium dose of 5 gtt., and gradually increase. In very many cases, susceptibility to its action is enhanced by the system being once brought under its influence, so that even a reduction of the medium dose is required.

Dr. Channing asserts, that under such circumstances the one-four hundredth part of a grain administered during the day evinced the most indubitable action.

The morbid effects demanding a suspension of its use, according to my observation, are nausea and vomiting, griping and purging, giddiness and a peculiar sensation of heaviness about the frontal region.

The remedy being an *all pervading*, universal alterative, it

has been recommended in a variety of pathological conditions, amongst which may be enumerated chronic bronchitis, amenorrhœa, leucorrhœa, diabetes, aptha tonsillitis, pharyngitis, chronic gastro-enteritis, habitual constipation, dyspepsia, ascetis, anasarca, herpes, scrofula, chronic eczema, and a variety of others.

Case I.—John, a colored man, carpenter, aged 40, of athletic frame, had gonorrhœa some years ago, which was treated by an early resort to astringent injections and followed by hernia humoralis; complains of weakness and pain in the region of the lower lumbar spine; frequent micturition; skin dry; pulse full and strong—not accelerated; tongue coated with a short white fur; loss of appetite; costive bowels. He was cupped over seat of pain. Ordered rest, abstinence, alterative mercurial aperients, followed by infusion of buchu. This treatment followed by no good results. Upon a more rigid investigation, I ascertained that he not only had frequent desire to pass water, but that the quantity of urine passed daily greatly exceeded the standard of health; and that the case was one of renal disease, with diabetic symptoms. Having but little confidence in the treatment usually recommended for diabetes, and believing that in this intractable affection some active modifier of the system of nutrition was plainly indicated, I determined to try the deuto-iodide of mercury, and at once to test its efficacy fairly and fully. Five drops were accordingly directed three times per diem for one week; the second week the dose was increased to 8 gtt. per diem, and so on, increasing one drop every day until the morbid effects of the agent presented themselves.

The use of the agent was now suspended for a few days until these latter subsided, when its use was again resumed without being able afterwards to bear as large doses as he did at first. Under this treatment all the symptoms were improved, and under its steady use for two months they entirely disappeared, without any adjuvant whatever. I find that according to Dr. Channing's uniform observation, diabetes is more promptly benefited by this agent alone than any other known treatment.

This case occurred thirteen years ago.

This man was again sent to my care in September last to be treated for hydrocele of the tunica vaginalis testis, attended with the same renal and diabetic symptoms that had existed before to a more moderate extent. I gave him 2 oz. of sol. deuto-iodide of mercury, with directions for its use.

Under its use the symptoms entirely disappeared. About Christmas these symptoms were reproduced in a modified

form by exposure and excesses. A resort to the remedy again gave relief, and he is now in enjoyment of perfect health.

In describing the symptoms of this man's case in his first attack, thirteen years ago, I omitted to mention in its proper connection, that he labored under functional, though complete impotence, and that the remedy displayed its powers in a most happy manner in restoring his virile powers; but I shall offer other evidences of its efficacy, in another case of the same character more in point.

Case II.—This was a case of chronic eczema; patient aged 35; disease had existed for a number of years, and been treated by a number of physicians. The affection of the dermoid tissue was seated on the outside of the right thigh, from the hip to the knee joint, embracing about half the circumference of the leg. The pruritus and burning pain at night were almost insupportable. General health bad; dyspeptic symptoms of ancient date; complexion sallow; bowels costive; tongue loaded; considerable emaciation. The patient had strong prejudices against the use of mercurials; he was purged efficiently with blue pill, and placed under the use of deuto-iodi. mercury. Its action was manifested by copious purging of dark, offensive matters. His general health improved rapidly, with manifest improvement of the local disease. An ointment of the salt was now applied. (Deut. iodide mercury, grs. xv, lard 2 oz.)

This treatment was continued about two months; an astonishing improvement followed; he fattened 25 pounds in a short time, and the skin affection has given him but little trouble since.

Case III.—This is a case of complete impotence, occurring in a young man in his 19th year, of perfectly sound constitution, perfect genital organs and chaste habits. I was unable to trace his defect to any satisfactory cause. Without entering into a detailed mode of the treatment in this case, (it being similar to the plan pursued in the cases already reported,) suffice it to say, his virile powers were restored to complete and full vigor in the space of four weeks, under the exciting agency of the sol. deut. iodi. merc. This case occurred during the summer of 1851.

Case IV.—This is a case of vicarious menstruation of four years' standing, and is a signal triumph over disease. Miss ———, aged 19, had never had but one natural menstrual period, the stomach performing the double function of digestion and menstrual secretion. The regular periodicity of the menses was often lost, and this distressing deviation from health attended by the most frightful train of nervous symp-

toms. The patient had been under the care of different practitioners, and after a long course of medication, abandoned as hopeless.

I found her with most distressing symptoms of indigestion: feeble and sallow; bowels constipated; altogether a pitiable example of human suffering. An examination per vaginam revealed no deviation from nature in structural formation, and no pathological degeneration. The lactiferous apparatus, and other external concomitants of the puberic age, were present. I suspected the existence of ovarian disease. The dyspeptic symptoms being most urgent, I made trial of argent. nitras, acet. morphine, and subnitrate of bismuth successively, without any manifest amendment. The deuto-iodide of mercury now presented itself to my mind as an article worthy of trial, and more likely to meet the varying indications of the case than any other with which I was acquainted. Six weeks' use of the deuto-iodide of mercury restored the catamenia, quieted a most refractory and rebellious stomach, imparted tone and vigor to the nervous system, removed the oedema, improved the appetite, and there is every encouragement to hope for a permanent cure of the case. She is still under treatment, but has been rid of all her distressing symptoms for the last three months, and is now anxious to discontinue farther treatment.

I would add at the conclusion of this paper, that for the last 12 years I have been constantly in the habit of prescribing this agent in chronic gastric derangements unaccompanied with serious structural lesion, and have been seldom disappointed in the results. If sufficiently persevered in, together with proper dietetic measures, it will seldom fail of relief. Dr. Hildreth reports a case of dyspepsia of 20 years' standing, in which the remedy was in use for three or four months with unequivocal benefit. In these cases it should be taken after meals and in medium doses, as its salutary effects depend upon administering it *so as to avoid* its morbid action.

Wylliesburg, Charlotte, March 10th, 1852.

Successful Exhibition of Subnitrate of Bismuth in Acute Gastritis.

BY H. SINGLETON BELT, M. D.

On the 15th day of February 1852 I was called to visit a patient, a little girl three or four years of age, and found her laboring under some febrile excitement, hurried respiration, complete anorexia, the tongue coated with a whitish mucus, and a slight cough. The patient having recently recovered

from an attack of scarlatina, I regarded her indisposition as one of the numerous sequelæ which supervene upon that disease, and prescribed for her accordingly. Requesting to be again called on if the child was not relieved in a short time, I left her. On the morning of the 17th I visited her again at the request of her father, and found the symptoms above enumerated greatly increased in severity—the countenance wearing the appearance of pain and anxiety, soreness and pain on pressure of the epigastrium and great irritability of the stomach, the child having vomited several times during the previous day—all the nourishment taken being ejected in a short time, mixed with eruginous bile, the tongue still coated with a whitish or yellowish white fur in the middle and posterior part, through which red papillæ were visible, and its tip and edges red; pulse quick, small and corded; respiration shorter and more hurried, with a dry cough of a paroxysmal character; the bowels disposed to constipation. In short, the symptoms indicated acute or sub-acute inflammation of the stomach, and from the increased prostration of the patient, and other symptoms indicating that the intestines were involved, I was disposed to regard it rather a case of gastro-enteritis than simple gastritis. Whether it was an idiopathic disease or to be referred to the attack of scarlatina under which the patient labored some four weeks previous, I am unable to say, nor does it affect materially the object I have in view.

I prescribed the treatment customary in such cases, and it was persevered in, varying it as the symptoms required, for some days, without the slightest improvement, the symptoms becoming even more distressing when it was suspended for a short time and again resumed.

On account of the refractory disposition of the little sufferer I could not ascertain the condition of the tongue or pulse as correctly as I wished—the former became dryer and redder and the latter more thready and irregular. At this crisis the sympathy between the lungs and stomach was greatly increased, the cough much more distressing, with decided pneumonic symptoms. The child suffered from dysphagia and complained of the presence of a foreign body compressing the lower part of the chest. The distressing nausea and irritability of the stomach were subdued by the exhibition of minute doses of calomel and camphorated emplasma to the epigastric region; but the patient could not be induced to take a particle even of the blandest nourishment, and did not after the second day of its sickness until the morning of the 15th day.

were divided into 8 parts, one to be given every two hours; commencing at 2 o'clock on the morning of the 13th. At 9 o'clock I found him with no increase of cerebral symptoms; skin warm, pulse quick and sharp; but little sleep. At 4 o'clock P. M. he was profoundly asleep; when he awoke was entirely rational. From this time he had a rapid convalescence, undergoing no treatment except some attention to the bowels, and the precautionary use of quinine again on the 15th.

The following is an example of intestinal inflammation complicated by intermittent:

Case V.—Jim, slave of Mr. W——, aged between 50 and 60 years; had been complaining of disordered bowels for some days; had taken a dose of oil. On 5th September 1846, found him as follows: Quick pulse, some heat of surface, especially the abdomen, considerable tenderness on pressure over the iliac regions, discharges frequent and thin, the last containing some bloody mucous, and voided with pain, tongue moist, contracted and pointed, red on the edges, furred on the surface; he was freely cupped over the abdomen; two grs. of opium and six of calomel divided in three parts, one to be given every four hours.

6th. Patient feels better; discharges less frequent; a bilious matter mixed with bloody mucus, still attended with pain; pulse 75, skin softer, less heat of surface, tongue dryish, still considerable tenderness on pressure. Directed a blister to abdomen, and portions of Dover's powders and acetas plumbi at regular intervals.

7th. Patient much worse; discharges very frequent; although the surface is cool, he complains of great heat and thirst; features contracted and shrunken, pulse very frequent and feeble. Directed a commanding opiate, and camphor julep. Blister had drawn well; rubefacient frictions to extremities. Under this treatment the symptoms seemed controlled.

8th. Found him much better; had had but three evacuations during the day; pulse 80, soft; no thirst or heat of surface. Asked for a cup of tea, which was allowed.

9th. About 12 o'clock received a message that my patient was dying. Found him perfectly prostrate, scarcely able to articulate, but entirely sensible; having enormous watery discharges in his bed which seemed beyond his control; pulse very frequent and feeble; surface cold and clammy. Administered commanding opiates, and free use of French brandy; dry frictions to surface. After a hard scuffle of six or eight hours, I had the satisfaction of again seeing the symptoms controlled and full and perfect reaction established.

10th. Found patient only complaining of debility. There had been no disturbance of the bowels. Periodicity being an important symptom, I determined to act accordingly. 20 grs. of quinine were divided into 10 parts: one ordered to be given every two hours, commencing at 6 o'clock that evening.

11th. No return of symptoms; patient comfortable; bowels quiet.

12th. Patient still improving; ordered quinine again to prevent paroxysm of to-morrow. The treatment was perfectly successful, no other difficulty occurring.

Remarks.—The cases above detailed are instances of inflammation of the brain, lungs and bowels, complicated with intermittent. They have been selected from many others, because of the distinctness with which the complication is marked in each. In many, perhaps a majority of the cases encountered by the practitioner, the evidences of its existence are much more obscure, requiring the closest and most scrutinizing observation to detect it: often, I am sure, it is entirely overlooked, even when its insidious assaults are daily defeating the best devised remedial treatment. Sometimes the first few paroxysms of this intercurring intermittent are so mild, that the most vigilant eye hardly feels safe in pronouncing their existence, before another intervenes of overwhelming power.

Periodicity, the great characteristic of this class of diseases, constitutes our only guide in the *diagnosis* of the cases. But the busy practitioner, only able to see his cases once in 24 hours, may readily overlook a feature which is only revealed by patient and watchful observation and comparison. But the intelligent nurse, having his attention particularly directed to the subject, will often be of material service.

In some of the cases involving inflammation of the pulmonary tissues, my diagnosis has been materially aided by the discovery of a want of proper correspondence between the general symptoms and the actual amount of disease, as discovered by a physical exploration of the chest.

I need not detain the reader with an attempt to portray the effects of these intercurrent intermittent paroxysms upon the local affections.

Inflammation of a vital organ itself calls into requisition our highest skill. But when we reflect that this inflamed organ is made daily to participate in the commotion excited by the congestions and reactions of an intermittent paroxysm, we can appreciate the fearful odds against which we contend. One mild paroxysm of to-day—so mild as almost to escape notice—will undo all that the most consummate tact could

accomplish on yesterday for the relief of a suffering organ. And thus the inflammation goes steadily on to disorganization, or, as is very often the case, the intermittent gathering strength, and the general system losing its power of resistance, the inflamed organ is overwhelmed as if by a sudden blow.

From what has been said, it will be readily inferred that much care and promptitude are requisite for the successful treatment of the class of cases I have endeavored to describe.

After having witnessed a great variety of pathological states complicated by intermittent, I believe I can safely say, that an indispensable prerequisite to the successful management of all of them, is a *prompt arrest* of the intermittent paroxysms. The treatment necessary for attaining this end may not be well adapted to some of these pathological conditions, but even in these, it is a wise choice of ills.

Fortunately, we have an agent in sulphate of quinine, which will effect this object, without jeopardizing the integrity of organs already inflamed.

As early as the year 1838, I had to unlearn all that had been taught me of this agent as a stimulant and tonic, and of the dangers attending its administration in inflammatory states of the system. I have often noted its effects in that class of cases complicated by cerebral determinations, and can safely say I have never known injurious consequences to follow. If stimulant at all, it has not acted in my hands as stimulants are wont to do. In many cases of high nervous excitability, it has had soothing and sedative effects. Within 30 days I have given it in 5 gr. doses, in a case of severe traumatic irritation, attended with prolonged vigilance. It procured sleep, when opium had utterly failed.

Report of a Case of Puerperal Convulsions, and one of Mal-Presentation, in which Ergot was used.

BY DR. W. P. RICHARDSON, M. D., OF NEW KENT COUNTY.

MR. EDITOR—I propose to forward you the report of two cases which came under my own observation and treatment, with a view that you may publish them, should you deem them worthy of a place in your pages. The first I consider a very important case, and one, though not very often met with in practice, is in the highest degree formidable and alarming. It is a case of *puerperal convulsions*.

On the 21st day of January 1851, I was hastily summoned to visit Mrs. T., aged about 26 years, of a sallow, sickly appearance, pallid face, blue eyes, dark hair, and a short thick

neck. As I was dismounting from my horse my ears were greeted with the unpleasant sound, "Run, Doctor, she has another fit." I suspected immediately what was the matter. I sprang into the house as speedily as I could, and found her husband and the midwife holding her in a somewhat recumbent posture, while she was convulsed from head to foot. She was in her first labor; her cervical veins were fully distended, and her pulse full and rapid. Upon examination, I found labor had fully commenced, and enquired of the attendants how many convulsions she had had? The answer was, Some dozen or more, and each one was worse than the preceding. It was now about 10 o'clock A. M., and she was taken with the first convulsion about day of the same morning. They were, doubtless, marking each labor pain. I waited a few moments for her to come to her senses, but her breathing continued stertorous, and she appeared almost comatose. Believing that each paroxysm was worse than the preceding one, and apprehensive that the paroxysm she then had would be followed in rapid succession by another, I corded her right arm, (the most convenient,) opened a large orifice and took about $\frac{3}{4}$ xx. blood. At first it ran very slowly and black, but it soon changed to a brighter red, and ran faster.

By the time we had taken $\frac{3}{4}$ xvi, she came to her right mind, and said her head felt badly. Bleeding over, I ordered her to be put in bed, and cold lotions applied to her head, and warm applications to her feet. I ascertained that the os uteri was moist, soft and dilatable, and having occasion to leave her, ordered gtt. xx vinous tinc. ergot to be given her once an hour till 3 o'clock P. M., at which time I purposed to return. On my return I learned that labor had been progressing regularly and well, and that her convulsions had ceased up to some fifteen minutes before my arrival, when she had had one only. Some fifteen minutes after my second visit, she was taken with another paroxysm, occasioned by a labor pain. Labor had at this period made considerable progress. I bled her again slightly, taking about $\frac{3}{4}$ viii. In the next convulsion the foetus was expelled, and much to my surprise, alive, not having sustained the least injury. After waiting some hour or more, as is my custom, for the placenta to be expelled by the subsequent contractions of the uterus, I introduced my hand gently and took it away. It was small, hard and very contracted. Such was the extreme sensibility of the uterus, that upon the stimulus occasioned by my hand, she went into another convulsion, after which she had no more. I was satisfied at first that the sooner the contents of the uterus were expelled the better it would be for the pa-

nient—hence the prescription of ergot. On the third morning I ordered her to take $\frac{3}{4}$ iss. ol. ricini and 3 i ol. terebinthinæ, in order to clear out the alvine canal. This dose had a very good effect in quieting the nervous system. But on the fifth day after her confinement I was summoned again to see her, her husband stating that he thought she was dying, giving as a reason for his belief that she was in a cold perspiration, and breathed very badly. On my arrival, I found her laboring under a hysterical paroxysm, and ascertaining that she had not been able to sleep well for one or two nights, I ordered gtt. xl. laudanum to be given to her, and if she did not get to sleep to give gtt. xx more, in the course of two hours after the first draught. The whole quantity was given, and some eight hours' sleep was obtained. On again visiting her I found the lochia profuse; I now put her on tinc. ergot gtt. xxx, morning, noon and night, together with more nutritious food, and she convalesced very rapidly.

I know of no remedy more valuable than ergot when given in cases properly indicating it. But when used improperly, it must be exceedingly dangerous. I remember during the summer of '51 I was called to consult with a professional brother in the case of Mrs. G. She had been in labor some 36 hours. Right shoulder presentation, and the whole arm of the same side entirely expelled. In this situation ergot had been exhibited, and the uterus was contracting most violently and incessantly without the possibility of the foetus making any progress whatever. In this case it was evidently contraindicated, from the fact that the uterus was in danger of being ruptured. The physician with whom I consulted had concluded to exviscerate the foetus, which was now lifeless, for the purpose of saving the mother. Upon consultation, we agreed to wait a short time, and perhaps the necessity of dismembering might be averted by some evolution. To relieve the excessive uterine action occasioned by the ergot, I suggested tinc. ipecac. to be given in drachm doses. After two draughts had been taken, I discovered, upon examination, an evolution of the foetus had been made, and it was expelled in a very short time, breech foremost, to the very great joy and comfort of the mother, as well as her attendants. This patient did well. Turning in this case was utterly hopeless, as every effort was made, but proved abortive, and had it not been for the accidental evolution that occurred, uterine rupture must have inevitably happened. I submit these cases chiefly to shew the good as well as the bad results which may arise from so valuable a medicinal agent as ergot.

Barhamsville, March 1852.

Observations on Iodo-Hydrargyrate of Potassium.

BY THOMAS J. GARDEN, M. D., OF WYLLIESBURG, VA.

The February and August numbers of the American Medical Journal for the years 1834 and 1840 contain papers on a combination of iodine, mercury and potassium, by Doctors Channing of New York and Hildreth of Ohio. These papers present some discrepancy of opinion with regard to its effects in diseases of the chest and some other acute affections. Both, however, describe it as an agent of no ordinary power, admitting of a wide range of applicability in the treatment of diseases. I was led by these papers to make trial of the agent; and as its virtues are not generally understood in this country, I have been induced to present you for publication some cases of disease I have been enabled to relieve through its agency within the last fifteen years. The remedy is an *universal alterative*, and seems to be an excitant of particular organs and functions.

The judicious practitioner will bear in mind, (in imitating the practice which was so successful in the cases now reported,) that numerous exceptions are to be found. Disease is an integer, and each individual case must stand for itself.

The invaluable agent which is the subject of this paper has been prescribed by myself almost monthly for the last fifteen years, and is certainly a signal instance of the power and efficacy of combination. The formula for its preparation is as follows: \mathcal{R} Deuto-iodide mercury grs. iv; distilled water \mathfrak{z} i; iodide potassium \mathfrak{z} i. Mix. The solution is of a beautiful straw color. The medium dose 5 gtt., taken three times per day in some bitter infusion to disguise the strong metallic taste. This dose to be gradually increased until its morbid effects are manifested. A suspension of its use for a day or two will quiet these morbid effects; but when it is recurred to, begin with the medium dose of 5 gtt., and gradually increase. In very many cases, susceptibility to its action is enhanced by the system being once brought under its influence, so that even a reduction of the medium dose is required.

Dr. Channing asserts, that under such circumstances the one-four hundredth part of a grain administered during the day evinced the most indubitable action.

The morbid effects demanding a suspension of its use, according to my observation, are nausea and vomiting, griping and purging, giddiness and a peculiar sensation of heaviness about the frontal region.

The remedy being an *all pervading*, universal alterative, it

has been recommended in a variety of pathological conditions, amongst which may be enumerated chronic bronchitis, amenorrhœa, leuchorrhœa, diabetes, aptha tonsillitis, pharyngitis, chronic gastro-enteritis, habitual constipation, dyspepsia, ascetis, anasarca, herpes, scrofula, chronic eczema, and a variety of others.

Case I.—John, a colored man, carpenter, aged 40, of athletic frame, had gonorrhœa some years ago, which was treated by an early resort to astringent injections and followed by hernia humoralis; complains of weakness and pain in the region of the lower lumbar spine; frequent micturition; skin dry; pulse full and strong—not accelerated; tongue coated with a short white fur; loss of appetite; costive bowels. He was cupped over seat of pain. Ordered rest, abstinence, alterative mercurial aperients, followed by infusion of buchu. This treatment followed by no good results. Upon a more rigid investigation, I ascertained that he not only had frequent desire to pass water, but that the quantity of urine passed daily greatly exceeded the standard of health; and that the case was one of renal disease, with diabetic symptoms. Having but little confidence in the treatment usually recommended for diabetes, and believing that in this intractable affection some active modifier of the system of nutrition was plainly indicated, I determined to try the deuto-iodide of mercury, and at once to test its efficacy fairly and fully. Five drops were accordingly directed three times per diem for one week; the second week the dose was increased to 8 gtt. per diem, and so on, increasing one drop every day until the morbid effects of the agent presented themselves.

The use of the agent was now suspended for a few days until these latter subsided, when its use was again resumed without being able afterwards to bear as large doses as he did at first. Under this treatment all the symptoms were improved, and under its steady use for two months they entirely disappeared, without any adjuvant whatever. I find that according to Dr. Channing's uniform observation, diabetes is more promptly benefited by this agent alone than any other known treatment.

This case occurred thirteen years ago.

This man was again sent to my care in September last to be treated for hydrocele of the tunica vaginalis testis, attended with the same renal and diabetic symptoms that had existed before to a more moderate extent. I gave him 2 oz. of sol. deuto-iodide of mercury, with directions for its use.

Under its use the symptoms entirely disappeared. About Christmas these symptoms were reproduced in a modified

form by exposure and excesses. A resort to the remedy again gave relief, and he is now in enjoyment of perfect health.

In describing the symptoms of this man's case in his first attack, thirteen years ago, I omitted to mention in its proper connection, that he labored under functional, though complete impotence, and that the remedy displayed its powers in a most happy manner in restoring his virile powers; but I shall offer other evidences of its efficacy, in another case of the same character more in point.

Case II.—This was a case of chronic eczema; patient aged 35; disease had existed for a number of years, and been treated by a number of physicians. The affection of the dermoid tissue was seated on the outside of the right thigh, from the hip to the knee joint, embracing about half the circumference of the leg. The pruritus and burning pain at night were almost insupportable. General health bad; dyspeptic symptoms of ancient date; complexion sallow; bowels costive; tongue loaded; considerable emaciation. The patient had strong prejudices against the use of mercurials; he was purged efficiently with blue pill, and placed under the use of deuto-iodi. mercury. Its action was manifested by copious purging of dark, offensive matters. His general health improved rapidly, with manifest improvement of the local disease. An ointment of the salt was now applied. (Deut. iodide mercury, grs. xv, lard 2 oz.)

This treatment was continued about two months; an astonishing improvement followed; he fattened 25 pounds in a short time, and the skin affection has given him but little trouble since.

Case III.—This is a case of complete impotence, occurring in a young man in his 19th year, of perfectly sound constitution, perfect genital organs and chaste habits. I was unable to trace his defect to any satisfactory cause. Without entering into a detailed mode of the treatment in this case, (it being similar to the plan pursued in the cases already reported,) suffice it to say, his virile powers were restored to complete and full vigor in the space of four weeks, under the exciting agency of the sol. deut. iodi. merc. This case occurred during the summer of 1851.

Case IV.—This is a case of vicarious menstruation of four years' standing, and is a signal triumph over disease. Miss ———, aged 19, had never had but one natural menstrual period, the stomach performing the double function of digestion and menstrual secretion. The regular periodicity of the menses was often lost, and this distressing deviation from health attended by the most frightful train of nervous symp-

toms. The patient had been under the care of different practitioners, and after a long course of medication, abandoned as hopeless.

I found her with most distressing symptoms of indigestion: feeble and sallow; bowels constipated; altogether a pitiable example of human suffering. An examination per vaginam revealed no deviation from nature in structural formation, and no pathological degeneration. The lactiferous apparatus, and other external concomitants of the puberic age, were present. I suspected the existence of ovarian disease. The dyspeptic symptoms being most urgent, I made trial of argent. nitras, acet. morphine, and subnitrate of bismuth successively, without any manifest amendment. The deuto-iodide of mercury now presented itself to my mind as an article worthy of trial, and more likely to meet the varying indications of the case than any other with which I was acquainted. Six weeks' use of the deuto-iodide of mercury restored the catamenia, quieted a most refractory and rebellious stomach, imparted tone and vigor to the nervous system, removed the oedema, improved the appetite, and there is every encouragement to hope for a permanent cure of the case. She is still under treatment, but has been rid of all her distressing symptoms for the last three months, and is now anxious to discontinue farther treatment.

I would add at the conclusion of this paper, that for the last 12 years I have been constantly in the habit of prescribing this agent in chronic gastric derangements unaccompanied with serious structural lesion, and have been seldom disappointed in the results. If sufficiently persevered in, together with proper dietetic measures, it will seldom fail of relief. Dr. Hildreth reports a case of dyspepsia of 20 years' standing, in which the remedy was in use for three or four months with unequivocal benefit. In these cases it should be taken after meals and in medium doses, as its salutary effects depend upon administering it *so as to avoid* its morbid action.

Wylliesburg, Charlotte, March 10th, 1852.

Successful Exhibition of Subnitrate of Bismuth in Acute Gastritis.

BY H. SINGLETON BELT, M. D.

On the 15th day of February 1852 I was called to visit a patient, a little girl three or four years of age, and found her laboring under some febrile excitement, hurried respiration, complete anorexia, the tongue coated with a whitish mucus, and a slight cough. The patient having recently recovered

from an attack of scarlatina, I regarded her indisposition as one of the numerous sequelæ which supervene upon that disease, and prescribed for her accordingly. Requesting to be again called on if the child was not relieved in a short time, I left her. On the morning of the 17th I visited her again at the request of her father, and found the symptoms above enumerated greatly increased in severity—the countenance wearing the appearance of pain and anxiety, soreness and pain on pressure of the epigastrium and great irritability of the stomach, the child having vomited several times during the previous day—all the nourishment taken being ejected in a short time, mixed with eruginous bile, the tongue still coated with a whitish or yellowish white fur in the middle and posterior part, through which red papillæ were visible, and its tip and edges red; pulse quick, small and corded; respiration shorter and more hurried, with a dry cough of a paroxysmal character; the bowels disposed to constipation. In short, the symptoms indicated acute or sub-acute inflammation of the stomach, and from the increased prostration of the patient, and other symptoms indicating that the intestines were involved, I was disposed to regard it rather a case of gastro-enteritis than simple gastritis. Whether it was an idiopathic disease or to be referred to the attack of scarlatina under which the patient labored some four weeks previous, I am unable to say, nor does it affect materially the object I have in view.

I prescribed the treatment customary in such cases, and it was persevered in, varying it as the symptoms required, for some days, without the slightest improvement, the symptoms becoming even more distressing when it was suspended for a short time and again resumed.

On account of the refractory disposition of the little sufferer I could not ascertain the condition of the tongue or pulse as correctly as I wished—the former became dryer and redder and the latter more thready and irregular. At this crisis the sympathy between the lungs and stomach was greatly increased, the cough much more distressing, with decided pneumonic symptoms. The child suffered from dysphagia and complained of the presence of a foreign body compressing the lower part of the chest. The distressing nausea and irritability of the stomach were subdued by the exhibition of minute doses of calomel and camphorated emplasma to the epigastric region; but the patient could not be induced to take a particle even of the blandest nourishment, and did not after the second day of its sickness until the morning of the 15th day.

Finding the usual remedies wholly inadequate to the cure of the disease, and knowing that the patient could survive but a short time without a favorable change, I determined, on the thirteenth day from the time I was called in, to change the treatment. I accordingly gave the sub-nitrate of bismuth in 3 grain doses every three hours. The effect produced was not less speedy than beneficial. Before the third dose was administered there was a decided abatement of the severity of the disease. The treatment was continued the next day with the same success, and on the following morning the child was able to take and retain upon the stomach a small quantity of nutritious liquid. The improvement, though slow, was decided, and with little or no other treatment the patient is now entirely restored. I have used this remedy before in cardialgia and other chronic diseases of the stomach with great advantage, but never before gave it in any acute gastric disease. Its beneficial effect in the above case was so obvious and so decided, that I felt it my duty to call the attention of the profession to it as a remedial agent in this most distressing malady. I am aware that the successful result of a *single case* is not sufficient evidence to establish its utility as a therapeutic agent in all such cases, but I hope it may prove of some service to my medical brethren.

Pittsylvania C. H., Va.

Quinia—A Remedy in Delirium Tremens.

BY PEMBROKE SMITH, M. D. OF ALEXANDRIA, VA.

Mr. Editor—Seeing the proper therapeutic use of quinia the subject of an animated discussion in some of the last numbers of the Stethoscope, I have thought proper to detail my experience of its use in connection with delirium tremens; not however that it has any bearing whatever on the question lately replaced anew *sub judice*, i. e., whether in certain phlegmasia large doses are admissible? (for the late agitation seems to have confirmed the truth already settled in the affirmative,) but only feeling that it may possibly extend its application on principles already admitted to particular disease. It may have been tested in this connection before, and without any favorable result; but since it has appeared to me so potent in one single instance, and since the result was little more than I could expect from a previous knowledge of the property of the medicine and the pathology of the disease, I feel justified in making a record of the fact.

The case in question was not one of gastric or cerebral irritation produced by a sudden debauch, and requiring, according to that lucid teacher, Dr. Stokes, antiphlogistic treatment; nor was it one where vascular irritation of these important organs was complicated with *mens levis* induced by a withdrawal of stimulating liquor, and thus making a hybrid affection, to be vanquished by a dexterous use of remedies of opposite properties; but it was pure *mens levis*, (I think the term conveys the proper meaning,) uncomplicated, and produced by a sudden withdrawal from a habitual use of ardent drink. There was not much tremor of the muscles, though the hallucinations were constant and well marked. The sober mind could be made to appear only for a moment, when delusive shadows would again conceal it. On the second day of my attendance he informed me that his wife had been false to him the night before, and this same hallucination appeared on the following day, in a manner more congruous than is usual in such cases, when he told me he was now convinced of the fact, for his wife was confined. It was now the fourth day since I first saw him; had eaten nothing except what he took from my hands during my daily visits, nor had he slept any. During this time I had relied on *tinc. opii*, given in doses of *gtt. xx* to *gtt. L* every two or three hours, with *brandy f3ss ter die*, generally increasing the *tinc. opii* towards night, but without any effect, unless apparently to increase the restlessness. On the evening of the fourth day I prescribed *quin. sulph. ʒi*, *acid sulp. arom. gtt. aqu. camph. f3ii sumenda duo cochlearia parva quaque hora*. In three hours, or after taking *gr. 6ʒ*, sleep was induced; which continued with little interruption during the night. On the following morning there was little mental delusion; more appetite; pulse more natural. I then ordered of the same, *cochlearium unum parvum ter die*. On the day following, the 6th from my first visit, the patient was nearly completely restored. So I saw him no more, only ordering two teaspoonfuls of the mixture to be given daily for a few days.

It may be that the end of insomnia was near at hand, and would have followed the usual prescription; but its approach so soon on the use of the quinia forces the belief upon me that it was owing to its use, since it is generally thought that this affection is more effectually combated by the continued use of ardent liquor, and since there are some, among whom is the distinguished Wood, who, while thinking this in part true, yet are restrained from moral views from adopting it, and therefore prefer following a course of treatment, which, while not so speedy in its cure, yet offers to the unfortunate

patient some time and opportunity to recover from the thralldom of his perverted appetite. I think it will be fortunate if quinia is found the supporter and tonic by pre-eminence in this disease. I have just been informed by Dr. Heston that in the last number of Braithwaite quinia is spoken of in this connection.

March 1852.

EDITORIAL AND MISCELLANEOUS.

The State Licentiate Board.

Since our last, the committee to memorialize the legislature on this subject has reported to a called meeting of the medical society of Virginia, where the memorial was read and adopted *unanimously*, and on Saturday, April 10th, it was presented to the senate by Dr. CREIGH, and referred to a select committee of five. A more speedy action than at first contemplated was deemed important by the friends of the measure, and accordingly the subject has been presented to the legislature in advance of the annual meeting of the society. The following, among the numerous reasons for this course, are sufficient: 1st. No one opposes the petitioning for the system, but every body thinks that *it ought to be effected if practicable*. 2d. The popularity of the petition throughout the state was evident, and indicated by the getting up of several similar petitions elsewhere; among the number is one from the faculty and students of the University of Virginia. 3d. It was deemed more important to save time in drawing up the law and getting it before the legislature, than merely to have a large number of affirmative votes on the petition.

Well, as the subject is fairly up for discussion now, (and we hope by the time these lines are read in print the law itself will be printed,) we propose to examine the great principles and details of the system, as recommended by the committee of the society, in a practical point of view. Already there have been indications in certain quarters of hostility to the law, but merely "*because it is impracticable*." How these ingenious philosophers can prejudge a system as impracticable

before it is matured and submitted to their inspection, we are at a loss to divine, unless they have the aid of Macallister's Parafaragaramus.

We will proceed to give the outlines of the law as far as we can at present,* and if we can shew that it is *very practicable*, and explain away the bugbears of difficulty in its operation, we have reason to demand that the professions of favor, &c., to the scheme, "if practicable," will be evinced by a hearty and unanimous approval.

I. *The board is to be reconstituted every three years.* This will prevent degeneration and make its members more responsible and cautious.

II. The members are to be paid \$ 4 *per diem* while actually engaged in the discharge of their official duties, and 10 cents per mile for necessary travel. This is sufficient compensation merely to cover the expenses of the office, while it will not make it an office of emolument.

III. The board will be paid by the fees of \$ 20, received from each applicant, whether he succeeds in passing or not, and by the fines under the law, and any surplus is to be paid into the treasury. Then there will be no inducement to *pass* great numbers for pecuniary considerations, and none will apply but those who feel competent to pass, thereby relieving the board of tedious and useless work of a disagreeable character. The second examination to cost nothing additional.

IV. The board is to be appointed as follows: Eleven physicians are to be nominated by the medical society of Virginia to the governor, who is to appoint seven of them to constitute the board, leaving the other five for vacancies. By this mode of appointment all danger of the office degenerating into a political one, or of its being sought as one of emolument, is obviated. No man will contend that any but medical men can judge of the qualifications of the examiners, and this method will secure the nomination of true, worthy, competent and popular men for the position. The state medical

* We have not the law before us, and cannot consequently examine it section by section, so we merely give its features.

society is the embodiment of the profession of Virginia—of the 2 or 3000 citizens who are held to be, at least, as respectable as any others, and who have the care of the health and lives of the people upon them. Every respectable professional man in the state has a seat and an equal vote in the society if he pleases to exercise it, and the ~~seven~~ men constituting the board will be their choice, and will be amenable to them and to public opinion for dereliction of duty, &c. &c. We believe there can be no objection to this mode of selection, for it leaves no room for humbuggery or favoritism.

V. No certificate is valid unless signed by *five* of the board assembled, for very obvious reasons. Otherwise there might be frequent *slips through*.

VI. There shall be but one board, but it shall meet semi-annually, and alternately in Eastern and in Western Virginia.

If there were two or more boards, invidious comparisons would be made, and all but the most lenient and worthless one would have nothing to do, and would become odious. For students would go 200 miles to the easiest board "to get through," as they now go many hundreds of miles to get sheep skins with printing on them. Many boards would be more expensive than one, and would be less efficient. By their meeting every six months, just after the winter and summer courses of the schools are over, the idle objection "that men who want to go to practise ought not to be made to wait," is blown to the winds. And by requiring the board to meet in different parts of the state the other more plausible but equally feeble one, that "men ready to be examined ought not to be required to travel so far," is also removed. It is strange though, that some who quote this objection should, in the next breath, say that *gentlemen with diplomas* should not be required to pass the board. Pray how far do most of them have to travel to get to the almighty fountains of knowledge and sheep skins? It is probable that there is a clause in the bill authorizing a called meeting of the board whenever a sufficient number of gentlemen in a hurry will give notice thereof.

VII. The act will go into effect after the 1st July next, or January 1853. It is not wonderful that a few have been induced to declare against the law, thinking that it will take away their privilege of practising at present exercised. Their intelligent informers neglected to teach them that no law can be made affecting privileges of the kind already existing.

VIII. A clause requires that the members of the board shall qualify by swearing to examine fairly, candidly and searchingly all candidates who may come before them, and to license all who give satisfactory evidence of a sufficient knowledge of the medical sciences to qualify them for the high and most responsible trust of practitioners, and who are of good moral character, and to none other. This is irrespective of all schools, doctrines, and special beliefs, and only requires men to have that amount of information and sense which *all* agree is essential to be either in favor of or against any special system of practice. The most arrogant pretender does not deny that to practice homoeopathy, hydropathy, Thompsonism, allopathy or anything else, it is necessary to know the composition and power of medicines, the structure, and the healthy and diseased functions of organs, the anatomy of the body, the causation and diagnosis of diseases, their history, &c. &c. This is knowledge which it is granted is a *sine qua non*; but the pretender says he possesses it, and claims the right to practice. Now *if he does not* possess it, no man will say he ought to be allowed to impose on the credulity and ignorance of the good people of the commonwealth; and *if he does possess* it, he certainly is not afraid to give evidence of it to sworn officers of the law. Our civil law already aims to protect us from pretenders and impostors in all else but in the matter of life and death. In law, in trade, in religion, in social life, false pretences and imposition are penal offences by statute; but just in the thing of which the people are less competent to judge for themselves, the care of health and life, we hear a great outcry of *free trade*. If a man wants to be married he knows that any *legally authorized* minister can marry him well; if he wants his rights judged of and pro-

tected, he knows that any *legally authorized* lawyer can appear for him, &c.; but if he gets sick he must trust to luck—*anybody* is *legally authorized* to kill him, so he calls it *secundem artem*. The law does not give him any reference, though he more needs guaranty of competence and honesty now than under any other circumstances. So we say that this law has more claims to the support of the lawmakers than any other which concerns the professions. It commends itself as a measure of a popular and most vitally important character. It is burthensome to nobody but those who ought to be suppressed, but it is a protection to the people and to science. There is nothing in its provisions to alarm the most timid demagogue; there is everything in its policy to demand the favor and special patronage of the politician and statesman.

Some friends of the measure have suggested the propriety of exempting graduates of the medical colleges; but this would be in opposition to our institutions, to reason and common sense. A man equally competent to one who is a graduated M. D. should have the same right to exercise his profession, even though poverty or other circumstance may have prevented his acquisition of the sheep-skin. Then they say, "Exempt those with Virginia medical diplomas from passing the board." We really think this is worse still; for the same arguments apply, and other much stronger ones. This is a very beautiful argument for the purpose of defeating the whole bill, and it carries with it a good deal of *ad captandum* nonsense about building up Virginia institutions, &c. Now this is not the way to build up institutions of which this good old state shall be proud. It is the way to make monopolies at the expense of merit. That scheme would hold out two bounties: the first to the student, to avoid qualifying himself to pass the rigid board, which would be rendered unnecessary by his getting the diploma of a school in the state; the second to the schools in the state, to keep their standard lower than that of the board in order to secure to themselves the emoluments and honor (!) of licensing practitioners.

But we are glad to believe that the Virginia schools do not

ask any such bonus. We hope their graduates will all be sufficiently well prepared to pass the board with ease to themselves and credit to their alma maters. As we stated above, the medical faculty of the University of Virginia, an institution which is the pride of our state and the admiration of the South, together with the greater number of its students, has sent to the legislature a memorial in favor of this law. The faculty do not desire their diploma to be the legal license to practise, and the *students themselves* ask that their qualifications may be tested fairly by the law, and that, with all the *college honors* with which they may be crowned, if they are not found to be competent by the disinterested tribunal of state authority, their licenses to practise may be withheld from them. Is not this argument enough, coming as it does from a very large and respectable body of men who are more directly interested in the operation of the law than anybody else, and who are the only ones subjected to inconvenience, if there is any?

Should anybody complain of the \$20 to be paid to the board, we call to their minds the fact that there is such a thing as a *diploma fee*, which generally ranges from \$25 to \$60 in all the colleges except in our state university. Why is not this fee complained of? and the expenses incurred by the lawyer in going about the country to get his license from the judges? and of the merchants and shop-keepers being obliged to go and get their weights and measures stamped and sealed?

But we will not prolong this argument. Its main intention is to explain the details of the law proposed, and to meet one or two apparently plausible objections to it. We have not a doubt of its popularity with the whole people of the state (when fairly stated) and with almost all the members of the profession. It goes to the legislature most powerfully recommended, and we have little fear of its passage by that enlightened body. Virginians are slow to adopt anything *new*, but they are always ready to improve, and their jurisprudence has never been far behind the age. The most unfavorable symptom against its popularity at first was the fear of its hav-

ing a tendency to injure our schools. This, we believe, members of the legislature and others have now seen is a false impression. Two of the schools of the state that we know of, are not only in favor of it, but warmly urge the measure. We are confident that under the operation of the law, all our medical schools will be full to overflowing. All the Virginia physicians will be educated here at home, and our colleges will attract multitudes from the South and West. The act will be a protective one to them instead of an oppressive one; and, under its happy operation, only a few years will elapse before they will be the most celebrated and popular institutions of medicine on this continent.

The bill will soon be before the senate, where we have reason to believe it will pass speedily, and we hope that the house will act on it at once and let it become the law of the land. Each detail of a system cannot please each individual mind *exactly*, but the bill as presented, we think, will be by far the most satisfactory one to the large majority, and it is our duty to compromise a little rather than risk a sacrifice of the whole plan on account of petty differences.

We dismiss the subject, with an apology for having occupied so much space in saying that which is so self-evident, and with a hope that in our next we may be able to announce the passage of the law. If it should fail, it will be attributable to causes and influences of which we are now ignorant, but which we shall attempt to find out and expose.

The Registration Act.

A bill providing for the registration of marriages, births and deaths, as required by the constitution of the state, was reported to the house of delegates of Virginia on the 10th April. The bill was drawn up with much care and caution by Dr. L. S. Joynes of Accomack, and others of a committee of the Medical Society, and we had calculated on publishing it as a law in the present number. On the second reading of the bill, much to our surprise, it was recommitted to the commit-

tee which had reported it unanimously, for alteration. We learn that the clause complained of was one requiring "every physician or surgeon to keep a record of the deaths of all persons dying while under his attendance, setting forth, as far as practicable, the circumstances required (in another clause—age, sex, occupation, &c.) to be recorded by the commissioner concerning such deaths, and to furnish annually the commissioner of the revenue with a copy of the record, with a penalty of \$ 20 for neglect or refusal to do so."

Now it would seem hardly necessary to argue the great importance of this clause to our readers. We had not imagined that the non-professional would have failed to see the value of it, much less a member of the legislature, and a *doctor too*. The main object of the law was to obtain accurate and well arranged statistics—tables made by the physicians—shewing the actual and relative duration of life in the various localities, occupations, sexes and conditions. The merest tyro in political economy knows the value of mortuary statistics; and unless they are well collected and come from reliable sources, they cannot be made use of. Who can so well furnish the information necessary, and particularly that in a scientific point of view, as the attending physician? And what rational objection can be urged to the law requiring the doctor to record it? None earthly that we can divine. Can any honest physician consider it an intrusion on the part of the state into his *private affairs*, to require him to collect for her this valuable information and furnish her with it? Surely no respectable man practising medicine considers his calling a *trade*, and thinks that he ought to be exempt from giving to the government useful knowledge, merely because he would incidentally be telling how he was getting on in his trade, and it might be a little disagreeable to him for people to know how he did get along. If there are any such in our ranks, they are about as scarce as those who refuse to give to the assessors and census takers that information about their homes and circumstances which the law requires, and we hope that the government will pay no more attention to them.

This bill is a foundling in the legislature, without father or protector in either house, still we trust that its fair form will not be mutilated by savage hands, but that it will be reared in accordance with the dictates of legislative wisdom and in obedience to express command of the constitution. What is a system unless it is an efficient one? What is the use of a law unless it is a good and effectual one? And finally, in the very establishment of a new system, ought any pains to be spared in perfecting it? Is it not most unwise to leave it to future legislatures to amend it? We deem it useless to urge the bill as it is; *verbum sapientibus satis est*. We shall publish the law when it shall have passed.

Reorganization of the National Association.

The reorganization of this body, now grown to be important, and recognized as the medical congress of the nation, is exciting much interest in all quarters. Of course the quacks, the drones and tradesmen, and those in the profession who care not for its elevation nor progress, are opposed to it, and find all sorts of excuses for abusing it and trying to pull it down. This now is over. Its existence and permanence are fixed facts, and its improvement in usefulness, power and popularity is the object of the American profession. We gave at some length, in the last number of this journal, our views in regard to its present improper constitution. We are glad to believe that these views are coincided in by a large majority of our brethren in Virginia, and we perceive by our exchanges that the subject has been mooted with interest elsewhere. In a private letter, Dr. Isaac Parrish of Philadelphia says, "Would it not be well to obtain an expression of opinion in regard to the plan proposed by Dr. Samuel Jackson, from the Medical society of Virginia at its annual meeting. The Medical society of Pennsylvania has declared in favor of the measure, and some of the most vigorous county societies in the state have done likewise. I am convinced that the plan of representation from the 'medical people' in their as-

sociated capacity, bound together by the same code of ethics, and acknowledging their adherence to a great national centre, will ultimately obtain, because it commends itself to the liberal views of the mass of the profession; nor will this plan be opposed even by medical professors, if they feel themselves identified more closely with the great brotherhood of physicians than with their own private interest. Dr. Jackson of the university, and Dr. Meigs of the Jefferson college, are both favorable to this principle of organization, and I doubt not others of the same class will be found to entertain like sentiments. Excuse me for thus intruding my views upon your local affairs; my apology is an ardent interest in all measures which I believe to be promotive of the welfare of our common profession."

Dr. Jackson's plan "presupposes the formation of county societies in every state, and from these shall be constituted state societies, all according to some prescription to be issued forth by the association."

Dr. J. thinks that "the physicians of the United States have conceded so much authority to their association that it may safely venture to prescribe," but we must demur to any such doctrine. We are of *states rights* opinion on this matter, and think that the state societies ought to be free and independent, and constituted according to circumstances and the choice of the physicians of the individual states. The association ought to be an annual conference, or consultation general, of delegates from these state societies only. By Dr. J.'s plan, county societies are presupposed to exist all over the Union. Now this is most impracticable, for it is a well known fact that, with the exception of a few very populous states, no flourishing state society based upon county organization exists. In most counties local organization of medical men cannot be formed or kept up, then the state societies would necessarily die, and ultimately their association. We hope that we shall all be able to agree upon a compromise which seems to cover all the ground.

It is this: Let the association be composed exclusively of

delegates from state societies, be they constituted in one way or the other, and from county organizations in those states wherein no state society exists.

Thus every *associated* physician in our country would be represented equally and fairly, and unless he chose to fall into the ranks in his own state, he could not be represented, as he ought not to be. But we defer the subject until the meeting, when we doubtless will hear enough of it in the discussion of the report of Dr. Hays' committee on reorganization.

We have labored to get out the present number in advance, in order that it may be ready for delivery, by the 27th April, to those attending the Medical convention.

The multifarious duties of editor, secretary, committeeman, &c. have overwhelmed us to such an extent that our duties are most imperfectly performed. We must again ask the kind indulgence of our patrons, and hope that they will excuse the imperfections of the number. If possible, the June issue shall be sent out early. It will contain a summary of the proceedings of the State Medical convention, and of the Medical society and national association. The number will contain many more pages than usual, and an extra quantity of copies will be printed to supply the demand of those desiring the Transactions.

Correction.

We publish the subjoined letter referring to some remarks on page 201 of our last number, and again take occasion to say that we believe the standard of graduation is *higher* in the Richmond school than it is in most of the others in the Union. We did not intend to say that Dr. G. "was opposed to an elevation of the standard of medical education," but we regretted that he made any allusion to those who are anxious to raise it higher than it is, for the remark was calculated to impress his auditors with the belief that medical education was high

enough now, though there were some who would have it believed that it was not :

RICHMOND, 17th April 1852.

DEAR SIR—I observe in the April number of the *Stethoscope* that you have published me as opposed to an elevation of the standard of medical education, and that you quote an expression in the valedictory address to the students of 1852 to sustain the charge. It is probable that you did not accurately hear the observation which has led you to an erroneous conclusion, and I shall be happy to place at your disposal the notes of my address, that you may do me the justice to correct your impression.

I also beg to call your attention to the following passage in the address, which ought, I think, to absolve me from the suspicion of being inimical to an elevation of the standard of medical education :

“You well know that I but express the sentiments of my colleagues in declaring the intention and policy of this institution to be to keep the standard of medical education at its highest attainable elevation, and the conditions on which her diploma is to be obtained, severe and undeviating.”

I am, very respectfully, yours,

CHAS. BELL GIBSON, M. D.

Dr. P. C. Gooch.

Epidemics of Virginia.

We frequently learn, by our private letters and interviews with the physicians of the state, that epidemics exist in certain counties and neighborhoods. We have been credibly informed that pneumonia has been the prevailing disease in and about Petersburg, Madison courthouse, Surry and Prince George, and in a district of Rockingham. In the first two of the places it was alarmingly fatal, and in most of the others it was remarkably tractable where medical aid was promptly obtained. There are many neighborhoods in which there has been much fatality from this and other diseases, but there is a lukewarmness or negligence on the part of practitioners, which keeps their brethren at a distance ignorant of the history and progress of these diseases, which is really culpable.

One great object of the medical press is to communicate from one to another information and knowledge in advance of the books. Without its aid we should have to wait a lifetime almost for any information concerning new diseases and the progress of epidemics. When the cholera first appeared among us, our sole reliance for information concerning it was upon the medical journals, wherein the features and most

successful mode of treatment of the disease, as it had previously appeared in other places, were given by laborers in the common field of humanity and science. So it will be in every epidemic of a general existence; and we write this to complain of that large class of medical men who are always anxious to get the benefit of others' experience, without doing a half hour's work with pen, ink and paper to reciprocate the favor. In two neighborhoods in Virginia of late, we learn that all the cases of pneumonia which were treated by blood-letting ended fatally. Recently there has been some tendency of the disease in this city to assume a character somewhat similar to those cases occurring about Petersburg; now we beg to remind our readers that they will reap a reward if they will keep each other informed through our pages of the disease which comes under their observation. Short but accurate descriptions of all the epidemics and endemics which occur in the counties will be most cheerfully published, and we beg our friends in the places above specified to send us accounts of their recently prevailing diseases and their characteristics. Unless the practitioners communicate more fully with each other in print, how are we to be kept informed in regard to the common diseases of the country, and how can any committee make a report of the prevailing diseases of the country from which practical and valuable deducements may be made?

In our last number, and in part of the present edition, we stitched in an advertisement of Messrs. Bullock & Crenshaw, of medicines and medicinal wares. It swelled our size a little, but it took *no pages* of matter away from our usual number. We call attention to the advertisement, and have little doubt but that it was acceptable to most of our readers on account of the information it afforded concerning the relative and positive prices of different things. We have reason to believe that from the character and standing of Messrs. Bullock & Crenshaw, that orders sent to them will be filled as promptly and fairly as if the purchases were made individually.

Obituary.

We are pained to learn, just on going to press, that Dr. WM. DURKIN of Petersburg is no more. This gentleman had won for himself a most enviable reputation and an extensive practice, which we believe he was forced to resign on account of a feeble constitution and a chronic disease.

DIED, at the naval hospital at Portsmouth—to which he was attached as principal surgeon—after a short illness, at 5 o'clock A. M. on 15th April, Dr. N. C. BARABINO, surgeon U. S. navy. In the death of this accomplished physician the service has been deprived of one of its most skillful and efficient officers, and the community of one of its most worthy and respectable members.

DIED, at his residence in Lancaster county, on — April, J. B. BALL, M. D. The following are two of a series of resolutions adopted by the Masonic fraternity, of which Dr. B. was an exemplary member:

4th. That as a physician, we regard him as having been an ornament to his profession, not only in respect to his superior skill, but particularly in reference to his yearning kindness towards the poor and destitute, to whose sicknesses he has assiduously administered, as to those of the affluent, in consideration of no less pay than that most enjoyed by noble minds—the privilege of doing good.

5th. That as a man, in the best sense of that term, and a member of the community, none could know him but to respect and esteem him.

Letter from Paris.

The subjoined letter, from our friend Dr. A. J. Semmes, of Georgetown, D. C., late corresponding secretary American Medical Society in Paris, should have appeared in the last number but for the crowded state of our pages. It contains much interesting information, and we shall be grateful to any of our countrymen in Paris for many of the kind:

PARIS, March 11, 1852.

DEAR SIR—The American Medical Society in Paris acknowledges with pleasure and gratification the reception of your prompt and courteous letter of the 8th ultimo, and begs of you to accept the thanks of the members individually. The

necessary measures in relation to postage on such journals as American editors may send us, are now in preparation.

The society has made application to the government for its authorization and sanction, and there is reason to believe that its wishes will be acceded to without difficulty.

M. Robin has published some interesting observations on albuminous urine. He contends that in a normal state albumen is destroyed in the blood, and that the result of the process is the nitrogenous products, uric acid and urea: anything, he says, which prevents this action causes a deposition of albumen in the urine, which should have become urea and uric acid.

In cyanosis, in cardiac diseases producing a state of semi-asphyxia, in capillary bronchitis, ascites, croup, emphysema producing dyspnoea, in phthisis with great embarrassment of breathing, in pneumonia, albumen appears in the urine in consequence of obstructions to the process of combustion in the lungs.

He sums up by saying that the cause is incomplete action of the lungs; the result is albuminous urine.

Baron Leibig has published a new method for determining the quantity of urea in urine. It consists in the addition to the liquid of a measured proportion of a solution of the nitrate of the binoxide of mercury, the union of which with urea forms an insoluble salt, of 1 atom of nitrate of urea to 4 of the binoxide of mercury. It is then only required to neutralize by an alkali the nitric acid set free by the action of the urea upon the reagent used; without, some of the precipitate would be dissolved.

There has been quite an interesting discussion in the academy of medicine relative to a communication of M. Lenoir on provoked abortion, by Messrs. Dubois and Cazeaux; and a committee was appointed to consider the communication of M. Lenoir and report its convictions of what are the duties of medical men in regard to abortion. The committee state that it is in consequence of a false interpretation that divine and human laws relative to abortion have been applied to abortion practised for medical purposes. The law punishes the crime. The physician can and should sacrifice the foetus for the safety of the mother. Provoked abortion being an operation of less gravity than embryotomy practised at full term, the physician can and should give it the preference. M. Sédillot, of the faculty of Strasburg, communicated to the academy of sciences in the session of March 1st, a paper on amputations. He reports that he performed 40 amputations during the past year, 4 of which only resulted in death. There were 7 amputations of the thigh, all of which proved suc-

cessful. This is considered here remarkable. The climate of this city is considered unfavorable, for surgeons very rarely attempt union by the first intention. The stumps of an amputated limb are strangulated by bandages, charpie, cerate, &c.

The *concour* which has been in session for some weeks past terminated on Saturday, the 6th of March, in the election of Dr. Bourchardat to the chair of Hygiene of the faculty of medicine of Paris, vacated by the death of Royer Collard. A decree appeared in the *Moniteur* of yesterday, by which public instruction in France is totally reorganized. There is created a board called the Superior Council of Public Instruction, which is composed of 3 senators, 3 councillors of state, 5 archbishops or bishops, 3 judges of the court of cassation, 5 members of the institute of France, 8 inspectors general, 2 members of free instruction. The minister of public instruction is *ex officio* president of the board: this officer will direct the professional education of France. Of the 8 inspectors general there are 3 for the faculty of letters, 3 for the faculty of sciences, and there is 1 for the faculty of law and 1 for the faculty of medicine. They are charged with the inspection and supervision of all the faculties, superior schools of pharmacy, preparatory schools of medicine and pharmacy, and all other scientific and literary establishments belonging to the republic.

M. Bérard, professor of physiology to and dean of the faculty of medicine of Paris, is gazetted this morning as the inspector general for medicine and a member of the supreme council of public instruction.

I hope you will excuse the haste in which this is written.

Yours respectfully,

A. J. SEMMES.

Editor of the Stethoscope.

The County Societies.

We have been favored with the proceedings of several meetings of physicians in the counties to organize local societies and to send delegations to the American Medical Association.

We regret that some of them have been mislaid, but their general publication in the public newspapers renders it useless to republish any of them in this journal.

We hope that these new societies are permanently organized; i. e. that they will not die so soon as the object is accomplished of sending a member or two to the association. They are of invaluable service, and there is now public spirit enough in most places to keep them up.

Publications Received.

Want of time precludes the possibility of noticing more at length the books and papers on our table. We take this opportunity of saying that the fourth or last volume of "The Transactions of the American Medical Association" reached us late, and that numerous circumstances prevented us from publishing extended notices of the many valuable papers which it contains. We relied upon friends for reviews of Dr. Dalton's much lauded prize essay on the *Corpus Luteum*, and Dr. W. Hooker's strong report on *Medical Education*, but were disappointed. The scarcity of the volume and its enhanced value will render some notice in future of its contents interesting. Whenever it is possible we will give a brief summary of its contents.

Elements of Chemistry—By THOMAS GRAHAM, F. R. S., &c. *Second American from a new London Edition. With numerous Illustrations and Notes. Edited by ROBERT BRIDGES, M. D., Professor of Chemistry in the Philadelphia College of Pharmacy. Philadelphia. Blanchard & Lea. 1852. 8vo. pp. 430. Part I: to be completed in two Parts. In Paper.*

We have received this work through Messrs. Nash & Woodhouse from the publishers. Until we receive the second part we will content ourselves with the following notice, handed in by a friend fully competent to judge of its merits.

"Graham's Chemistry has long occupied a prominent position among standard works on that subject.

"That it is a book which stands upon its own merits, the favor with which it is received by scientific men will amply testify. I first became acquainted with the book in the analytical laboratory of Prof. J. C. Booth of Philadelphia, where it is highly esteemed as a hand book and student's manual,

and in view of the wonderful progress of chemistry since the issue of the old edition of the work, hail with much pleasure a revision adapted to the present state of the science. Having had the good fortune to be a pupil of Prof. Bridges, I can testify to his superior qualifications in his profession, which, together with his experience and discriminating judgment, peculiarly fit him for the revision of a work like this.

"Of course the most striking changes, referring to recent discoveries, newly adopted theories, order of arrangement, &c. are to be expected in the 2d part of the volume, which will embrace chiefly organic chemistry, and is promised to the public before the close of the present year. But even a hasty glance at the volume now offered to the public will suffice to convince the student of the importance of substituting the forthcoming edition to the entire exclusion of the former one."

B.

Essays on Life, Sleep, Pain, Intellection, Hygiene and Death—
By SAMUEL HENRY DICKSON, M. D., *Professor of the Institutes and Practice of Medicine in the Medical College of the State of South Carolina, etc.* Philadelphia: Blanchard and Lea. 1852. 12mo. 301 pp.

This little book, received from the publishers through A. Morris, has pleased us very much. As our readers know from the title, it is from the pen of one of the most profound thinkers and erudite scholars of the country. It is written in the author's usual style, celebrated for fluency and force.

The book is intended for intelligent readers, and is not of a purely physiological character. The subjects treated of are usually neglected by the general student, and are scarcely noticed by the medical student in his physiology, but they are of universal interest. We commend the book as one of value, discussing as it does, in a philosophical manner, many points of nature's laws which ought to meet with more attention than they do in our schools and colleges.

Homœopathy: An Examination of its Doctrines and Evidences—
By WORTHINGTON HOOKER, M. D. New York: Charles Scribner. 1851. 12mo. 147 pp. From the publishers through J. W. Randolph.

This is one of the many prize essays of Dr. Hooker. It is very much after the style of his "Physician and Patient," and his "Medical Delusions," but probably better than either of them.

We have always thought that all the quackpathies owe their importance to the unmerited notice which they receive

at the hands of the regulars. As Dr. H. quotes, on his title page, "folly, in wisdom hatched, hath wisdom's warrant and the help of school." But, while scientific men usually bring humbugs into notice by their ridicule and opposition to them, they too frequently neglect to examine them carefully, and are frequently unable at once to refute the plausible fallacies of which they are made up.

The book before us is interesting, and, while it holds out in bold relief the absurdities of the globulistic nonsense, it abounds in practical truths of mental philosophy, and is positively instructive. If anybody, be he physician or patient, desires to have at his tongue's end the means of annihilating a homœopath, let him go and buy this cheap little book and read it through.

Effects of Syphilis upon the Fœtus in Utero and after Birth.

Mr. Whitehead of London, in a work recently published, "On the transmission from parent to offspring of some forms of disease," &c., gives the following interesting and melancholy data respecting the conveyance of syphilis from mother to child.

"Out of 256 deliveries of syphilitic women in my own practice, 110 terminated prematurely at different periods of the process. In five cases this event happened at two months; in thirty at three months; in thirteen at four months; in four at five months; in ten at six months; in thirty-nine at seven months; in sixteen at eight months. Only two of these were born alive; they were seven months children. One of them died on the second day, the other a few days later.

"Of the remaining cases, amounting to 146, said to have been at the full time when delivery took place, sixty-three died at the following ages: twelve during the first week; two in the second week; one in the third week; five in the fourth week; eight during the second month; six during the third month; seventeen during the second quarter of a year; three in the third quarter; one in the fourth quarter; seven during the second year; and one in the third year of life. A few were still-born, and a considerable number of those who survive are still infants, a large proportion of whom may probably not live beyond the period of early childhood."

Varioloid—Anomalous Effects of Vaccination.

Dr. Jewett, of New Haven, Conn., reports to the editor the following curious case, an explanation of which is rather perplexing even to those experienced in the disease:

"I was called, a few weeks since, to vaccinate a child who had been exposed for five days to the contagion from a very mild case of varioloid. I vaccinated the child on two successive days. Both of the vaccinations took well, and passed through their regular course, the child suffering but little except from the local affection. On the ninth day of the vaccination, the patient was taken with severe fever, which continued for about 24 hours, when she 'broke out' with varioloid, and was quite sick for several days. The pustules were numerous, and were to be seen in the throat, nostrils, and inside of the mouth. Was this true varioloid? If so, had it remained dormant in the system during the period occupied by the vaccine disease? I would state that I have used the matter taken from the patient, in vaccinating several children since, and have found it to be of a good quality."—*Bost. Med. and Surg. Jour.*

Successful Case of Parturition.

BY JOHN CROUCH, M. R. C. S.

[Communicated by SAMUEL SOLLY, F. R. S.]

The subject of the case was a healthy young woman, aged 26. Two years ago a multilocular ovarian cyst, weighing fourteen pounds was removed by a long incision. Five weeks after the operation she walked a distance of 5 miles. During the next winter the catamenia appeared at regular intervals, and her health was good, except that she had an occasional pain in the left groin, and a slight difficulty in micturition, sometimes followed and relieved by a muco-purulent discharge in the urine. In 1850 she married, and on the 9th of October last she was delivered of a male child, after a lingering labor. It had been feared that the expansive powers of the parietes of the abdomen would be impaired by so large a scar passing through their centre; but it was found that the skin dilated naturally, and that the cicatrix itself had increased in length three inches, and in breadth one-sixth of an inch during the period of gestation. Seven weeks after the delivery, the cicatrix in the abdomen had returned to the same dimensions as before the pregnancy—five inches and a half in length, and a quarter of an inch in breadth.—*Dub. Med. Press.*

Blood-letting in Congestion and Inflammation.

In a paper read before the Medical Society of London, Dr. Langley makes some valuable remarks on the use of the lancet and its abuse :

The chief object of the author was to inculcate the necessity of copious abstractions of blood in cases of inflammatory disease, threatened apoplexy, &c. He first enumerated the various objections which had been from time to time raised against the use of the lancet ; and having given what he considered sufficient reasons to shew that these objections had no real validity in practice, he proceeded to urge that, as a rule, the employment of venesection failed to do so much good as it might otherwise do, in consequence of the practitioner not carrying the bleeding to a sufficient extent. He considered the growing disposition amongst us to dispense with the use of the lancet was dangerous, and urged his views in its favor with much ability and earnestness. Finally, he related five cases of threatened apoplexy, pleuritis, &c., in which depletion had been carried to a very great extent, but with the best results. In one case, that of threatened apoplexy, 130 ounces of blood were abstracted in a few days ; and in the case of a child of twenty-one months old, suffering from hydrocephalus, about twenty-one ounces of blood, from leeches and venesection were taken. In none of the cases related, which were only a few out of many, had any ill effects followed the depletion.

A discussion of considerable length ensued, in which several members took part. As might have been expected on such a *questio vexata*, the opinions advanced were opposing and various. Mr. Langley having replied, the society adjourned.

[*Lancet.*

Case of Fracture of the Anterior Inferior Spinous Process of the Ilium.

BY CHARLES W. ASHBY, M. D., OF CULPEPPER COUNTY, VIRGINIA.

[Communicated by Professor Mütter.]

To the Editors of the Medical Examiner.

GENTLEMEN—I have just received the enclosed interesting letter from my friend Dr. Ashby, one of the most eminent surgeons of the state of Virginia. As the case reported has never, to my knowledge, been described, I have thought its publication would prove of value to the profession.

Yours faithfully,

THOS. D. MUTTER.

Feb. 18, 1852.

Professor Thomas D. Matter :

DEAR SIR—Your kind letter, requesting me to send you a report of my case of "Fracture of the Anterior Inferior Spinous Process of the Ilium," ought to have been replied to long since.

As you say "there is no such case on record," I will endeavor to detail the symptoms of the accident which occurred in my practice, in such a manner as will enable you to judge of the correctness of my diagnosis.

A strong, athletic negro man, 19 years old, was walking rapidly from a spring, in view of an approaching storm, and as the night was very dark, he stepped into a gully about a foot and a half deep. He had upon his head at the time an unusually large turb of water. Although he did not fall, he was so disabled as to require the assistance of men to carry him to the house.

There was great loss of power in the right leg, though not entirely deprived of muscular control, except as to elevation. As I could make the limb perform all the natural movements without much pain, and as I could not perceive, after the most careful examination, the slightest distortion, no lengthening or shortening, I decided, very confidently, that there was neither fracture nor dislocation. But the boy, who was more than ordinarily intelligent, insisted most strenuously that he heard and felt something give way, not only at the time the accident occurred, but whilst I had been making the examination.

Upon elevating the leg at right angles with the body, and letting it down rather suddenly, I now, for the first time, heard a crepitus, I confess, much to my surprise. By this particular movement and *by no other*, the crepitus was so distinct as to be heard, not only by myself again and again, but by all the bystanders. What fracture have I here? was a most natural enquiry. From the history of the case, I was, at first, inclined to suspect, though in a young subject, a fracture of the neck of the bone; and being aware of the various natures, as well as great obscurity of this accident, my mind was directed most anxiously to its investigation. Reasoning by exclusion, I became satisfied that this could not be the fact: there was not a single symptom which is usually present in this accident—there was little or no pain or tumefaction about the joint, and, indeed, not a sufficient amount of irritation to warrant the belief that there was a fracture of any of the large bones, either of the pelvis or leg.

I requested the boy to direct my hand to the spot where he felt the greatest amount of pain. He placed it in his groin,

where I detected, for the first time, a good deal of tenderness and tumefaction. Pressing two fingers of my left hand firmly upon this spot, and with my other hand elevating the leg, and letting it down as before, I not only heard the crepitus, but I felt distinctly a spiculum of bone moving under my fingers. This manifestation, not *very* painful to my patient, was performed not once, but I may safely say more than twenty times, and invariably with the same result, before I decided *positively* as to the *precise* character of the fracture.

I was surprised to find that I had been poring over this case at the dead hour of night, for more than three hours. I had never heard or read of such an accident, and therefore only those of my professional brethren who know me best, can appreciate the deep anxiety I felt as to the making out a correct, satisfactory diagnosis.

The maxim that "there is nothing new under the sun," often repeated by a distinguished professor of my alma mater, did not fail to make an impression on my mind, and, properly understood, riper years have served only to deepen that impression. I have not the slightest shadow of a doubt as to the correctness of my diagnosis. As to its novelty, I have the high authority of your name, as well as that of other distinguished surgeons, and yet I am of the opinion that the accident has occurred before, but either has not been recognized, or has not been thought worthy of being recorded.

Whether the process was pulled off by the powerful contraction of the recti muscles, or by the tremendous jar of the head of the bone, thrown, in the act of stepping forward, upon the outer edge of the acetabulum, or by both causes conjointly, I leave for others to decide.

The treatment of this case was as effectual as it was simple, and the result, I think, confirmed the diagnosis.

After flexing the limb, a roller six or eight yards long was passed firmly around the thigh, so as to control muscular action, then passed firmly over a wet compress, placed over the process, thence around the body and back over the compress and around the thigh again. The boy was placed on his side, and experienced immediate relief, so that he slept soundly the balance of the night. Strict rest was enjoined, and he suffered little or no pain after the bandage was applied. In four weeks he was walking about, but wore the bandage and compress for several months, as, he says, it gave him great support.

I am, with high consideration, yours, &c.

CHAS. WM. ASHBY.

P. S. This accident occurred in Nov. 1842.

[*Medical Examiner.*]

THE
STETHOSCOPE,
AND
VIRGINIA MEDICAL GAZETTE.

VOL. II

RICHMOND, VA., JUNE 1852.

NO. VI.

**Proceedings of the Fifth Meeting of the American
Medical Association.**

TUESDAY, MAY 4, 1852.

The association met in the Second Presbyterian church at 11 o'clock—the president, Dr. MOULTRIE, in the chair.

Dr. JAMES BEALE, president of the Medical Society of Virginia, and chairman of its committee of reception, welcomed the delegates to the city of Richmond.

Dr. HAXALL, chairman of the committee of arrangements, read a list of the delegates who were present, and who answered to their names as follows: From Maine 2; N. Hampshire 1; Massachusetts 17; Rhode Island 6; Connecticut 9; New York 28; New Jersey 8; Pennsylvania 33; Delaware 3; Maryland 10; Virginia 90; North Carolina 5; South Carolina 13; Georgia 4; Alabama 4; Louisiana 2; Tennessee 2; Kentucky 8; Ohio 10; Michigan 1; Illinois 3; Missouri 6; Iowa 1; District of Columbia 6; U. S. Navy 1; Foreign 2—275.

Dr. HAYS of Pa. offered the following resolution:

Resolved, That a committee of one from each state, to be selected by its own delegation, be appointed to nominate suitable officers for the association.

The resolution having been adopted, the association took a recess of ten minutes, to allow the delegations to appoint the nominating committee.

At the expiration of the recess, the president announced the nominating committee as follows :

Maine—Isaac Lincoln ; New Hampshire—Jeremiah Blake ; Massachusetts—Jacob Bigelow ; Rhode Island—H. W. Rivers ; Connecticut—Charles Hooker ; New York—Joseph M. Smith ; New Jersey—G. R. Chitwood ; Pennsylvania—G. W. Norris ; Delaware—H. F. Askew ; Maryland—G. S. Gibson ; District of Columbia—C. Boyle ; Virginia—James Beale ; North Carolina—James H. Dickson ; South Carolina—H. R. Frost ; Georgia—C. B. Nottingham ; Alabama—A. Lopez ; Kentucky—W. L. Sutton ; Missouri—C. A. Pope ; Ohio—D. Tilden ; Illinois—D. Brainerd ; Michigan—Z. Pitcher ; Iowa—J. H. Ranch ; Tennessee—Paul F. Eve.

The president requested the secretary to call the roll.

Dr. Cox of Md. offered the following resolution :

Resolved, That when the roll be called, each member shall rise in his place and answer to his name.

The resolution was not adopted.

The secretary then proceeded to call the roll, and the members present having answered to their names, the president delivered a lengthy and able address.

The nominating committee reported the following as officers of the association :

For President—BEVERLEY R. WELLFORD of Va.

For Vice-Presidents—JONATHAN KNIGHT of Conn., JAMES W. THOMSON of Delaware, THOS. Y. SIMONS of So. Carolina and CHAS. A. POPE of Miss.

For Treasurer—Dr. FRANCIS CONDIE, Pa.

On motion of Dr. ATLEE of Pa., it was

Resolved, That the officers thus nominated be and are hereby elected the officers of the association for the ensuing year, and that the nominating committee be requested to nominate secretaries, and to decide upon the next place of meeting at as early a period as possible, the present secretaries to retain their offices until other nominations are made.

This resolution having been adopted, the gentlemen nominated were declared the officers of the association for the ensuing year ; and on motion of Dr. ATLEE of Pa., a committee of three, consisting of Drs. ATLEE of Pa., HAXALL of Va. and EVE of Tenn. were appointed a committee to announce his election to Dr. WELLFORD, and conduct him to the chair.

Dr. WELLFORD having taken the chair, returned his thanks for the honor conferred upon him.

Dr. F. C. STEWART of N. Y. offered an invitation to the association to make the city of New York the next place of meeting.

On motion of Dr. BOYLE, this and all similar invitations were referred to the committee of nominations.

Dr. HAYS of Pa. offered the following resolution :

Resolved, That the report of the committee on the constitution be made the special order for to-morrow morning.

It was moved by Dr. STILLÉ, that the resolution be so amended as to make it the special order for Thursday. This amendment was lost, and the question being taken on the original resolution, it was adopted.

Dr. HAYS also offered the following resolution :

Resolved, That the report of the committee of publication and on prize essays be made the special order for the afternoon session.

Dr. PHELPS of N. Y. moved that when the association adjourn, it will adjourn to meet at 4½ o'clock this afternoon.

This resolution was adopted.

Dr. HAXALL, chairman of the committee of arrangements, offered the following preamble and resolution, which were unanimously adopted :

The American medical society in Paris being so constituted that it would be entitled to representation if it existed in this country, and as it is recognized abroad as an American institution—

Resolved, That the delegates accredited to the association by the American medical society in Paris be and are hereby invited to take seats in this body.

Dr. DRAKE read the following resolutions which, were laid on the table ; and on motion, the association adjourned till 4½ o'clock P. M.

1. *Resolved*, That every report on a medical or other scientific subject shall be referred to a select committee, to be read, analyzed and reported on to the association ; said select committee indicating its general character and worthiness of publication, provided the authors of every report shall have the right of appealing to the association.

2. *Resolved*, That no report shall be read before the association until it has been examined and reported on by the committee to which it may be referred ; nor then but under an order of the association.

3. *Resolved*, That no report shall be published in the Transactions of the association but in virtue of its order.

4. *Resolved*, That all professional and other scientific communications made to the association, shall be referred and treated like the reports of committees.

5. *Resolved*, That the president, vice presidents and secretaries of the association shall be charged with the appointment of the aforesaid committees, being themselves eligible for such appointments.

6. *Resolved*, That the authors of all reports and papers aforesaid shall have the privilege of reading and explaining the same before the committees.

AFTERNOON SESSION.

Dr. B. R. WELLFORD called the association to order at 4½ o'clock P. M.

Dr. D. PAUL LARUS offered the following resolution, which was unanimously adopted :

Resolved, That Dr. BROWN SEQUARD of Paris be invited to occupy a seat among the delegates at the present meetings of the association.

Dr. PAUL F. EVE, from the committee on nominations, then reported that the committee had *resolved*—

1. That St. Louis be designated as the place for the meeting of the association in 1853.

2. That Drs. P. C. GOOCH of Virginia and JNO. S. MOORE of Missouri be nominated for secretaries.

On motion, the report was laid on the table.

Dr. GOOCH offered the following resolution, which was rejected :

Resolved, That the members of the press be admitted to seats on the floor, and that a committee of three be appointed to raise by voluntary subscription a sum sufficient to defray the expenses of reporting and publishing the proceedings of the meetings, and to make an arrangement for such.

Dr. ISAAC HAYS read the report of the committee on publication and the reports of the treasurer.

The reports were received and the following resolutions, appended to the report of the committee of publication, were put and unanimously adopted :

1. *Resolved*, That the assessment for the present year shall be *three dollars*.

2. *Resolved*, That the committee of publication be authorized to fix the price at which the Transactions for the present year will be furnished to such of the members of the association as shall remit the amount decided upon by the committee, within a specified time, (to be fixed also by them.) And that it shall be the duty of the said committee to issue a

circular informing the members of the terms upon which the Transactions will be furnished to them.

3. *Resolved*, that the committee be further authorized to take such measures in relation to the disposal of the copies of the Transactions remaining after all such members are supplied as shall comply with the terms set forth in the circular of the committee, as they may deem expedient.

On motion of Dr. IVES, the vice presidents were requested to take seats allotted to them in front of the president's chair.

Dr. HAYWARD presented the report from the committee on prize essays, and broke the seal of the paquet containing the name of the author of the essay, entitled "*On Variations of Pitch in Percussion and Respiratory Sounds, and their Application to Physical Diagnosis*," and which was deemed worthy of the prize. The author proved to be Dr. AUSTIN FLINT of Buffalo, N. Y., to whom the prize was awarded, and the report was referred to the committee of publication.

The report of the committee on the Medical Botany of the U. S. for 1850-'51, from Dr. A. CLAPP, chairman, was presented and referred to the committee of publication.

Dr. DRAKE called up his resolutions offered at the morning session, which were read and discussed. On motion of Dr. LOPEZ of Alabama, they were indefinitely postponed.

The reports from the regular standing committees were then called for in order, and were severally laid over or continued. Letters were read from Dr. J. B. JOHNSON of Missouri, asking to be excused from further duty as chairman of the committee on epidemic erysipelas, which was granted; and Dr. THOS. REYBURN of Missouri, asking that the committee on the epidemics of Missouri, Illinois, Iowa and Wisconsin, be continued, which was also granted.

Dr. RO. W. HAXALL of Virginia read a short report of the progress of the committee on the epidemics of Virginia and North Carolina, and asked to be continued, which request was granted.

Dr. WM. A. PATTERSON extended to the association an invitation from W. P. Tunstall, president of the Richmond and Danville railroad company, to an excursion on their road on Friday, 7th May, which was accepted; and, on motion, the thanks of the association were voted to the company.

Dr. ASKEW moved that when the association adjourn, it adjourn till 9 o'clock on Wednesday, and that it sit from 9 A. M. till 2 P. M. Carried.

On motion of Dr. GOOCH, the editorial corps were invited to take seats on the floor.

On motion, the association then adjourned.

WEDNESDAY, MAY 5, 1852.

The association met at 9 o'clock—the president, Dr. WELLFORD, in the chair.

The minutes were read and approved.

The secretary informed the association that he had enclosed copies of the preambles and resolutions adopted by the association at their sessions of 1850-51, relative to assimilated rank of the medical staff of the army and navy, to the several departments ordered by the resolution. From Dr. HARRIS, chief of the bureau of medicine and surgery, he had received a letter approving of the cause of the association, which letter was read.

Dr. PINKNEY of the navy asked leave to read a memorial which he had prepared to present to congress, on the subject of assimilated rank. Leave being granted, the memorial was read and explained by its author.

Dr. Cox of Maryland offered the following resolutions :

Resolved unanimously, That this association approves the memorial emanating from Surgeon NINIAN PINKNEY of the United States navy, and respectfully asks of congress a calm and dispassionate consideration of its contents ; and we, the representatives of the medical profession in the United States, will anxiously await a decision, confidently believing that the relief asked for in the memorial on behalf of the medical corps of the navy, will be granted.

That it is a matter of great interest to the medical profession at large that an act of congress be formally incorporated into the national legislation, and at the present session, which shall define clearly and definitely the relative rank of the medical officers of the navy.

That the bill proposed by Surgeon NINIAN PINKNEY is approved by this convention, and earnestly recommended as forming a proper and equitable basis for an adjudication of the relative rank, and that this convention will regard any scale less satisfactory to the medical officers of the navy, as unjust to them, and degrading to the profession at large.

That the secretary of this convention be directed to address a copy of these resolutions, together with the memorial of Dr. PINKNEY, to the secretary of the navy and the presiding officers of both houses of congress.

On motion of Dr. YANDELL of Kentucky, these resolutions were referred to a committee of three, to be appointed by the president.

Dr. ATTKINSON of Virginia offered the following resolution :

Resolved, That we have listened with great pleasure to the able and eloquent remarks of Dr. NINIAN PINKNEY in vindication of the honor and interests of the profession, and that we will second his efforts to obtain justice at the hands of congress by every means in our power; which was referred to the same committee.

Dr. HAYWARD of Boston offered the following resolution:

Resolved, That no member of the association be allowed to speak longer than ten minutes at a time, nor more than twice on the same subject.

Which was unanimously adopted.

Dr. SIMONS of S. C. offered the following preamble and resolutions:

The accumulation of passengers who are emigrants, crowded in ships coming to our shores from foreign ports, having in a great many instances numerous cases of aggravated fever, many of which prove fatal, and likewise producing similar results at the lazarettoes, and even cities; the number, likewise, of sick arriving from California, and some of the South American ports, and the fact that none of these vessels are required by law to have physicians or surgeons on board, seem deserving of our attention as conservators of health, and as an act of humanity and duty on the part of the American medical association, to bring these facts respectfully to the consideration of congress, and to request its legislation thereon:

Be it therefore resolved, That the American medical association do memorialize congress to require all vessels carrying steerage passengers on the sea to have a surgeon on board.

Resolved further, That a committee of this association be appointed to draw up a memorial to congress, making such suggestions as it may deem fit as regards the importance of this measure.

On motion of Dr. WOOD of Pa., the resolutions were laid on the table for the present.

Dr. STORER asked a suspension of the regular order, to enable him to bring to the notice of the association a scurrilous attack upon him as the chairman of the committee on obstetrics, which he pronounced to be malignant, vindictive and false, and which he would not have noticed had it been directed against him personally.

Dr. J. B. FLINT of Ky. proposed the following as an alteration of the constitution, which, according to rule, was laid over till the next meeting:

It is proposed to alter the constitution, in the fifth article of it, so as to provide, that instead of the annual volume of Transactions, the association may establish and maintain a

quarterly journal, to be a medium for the publication of its proceedings, and of the most valuable contributions of its members—an organ of resolute and impartial criticism, and an official exponent and advocate of the views of the association on medical science, education and ethics.

The report of the committee on the constitution being the special order, Dr. HAYS, chairman of the committee, made a report. Dr. J. H. YARDLY, a member of the committee, made a counter report. Much discussion ensued, and many resolutions and amendments were proposed and withdrawn in favor of the following resolution offered by Dr. THOMAS of Maryland, and amended by Dr. STEWART of New York:

Resolved, That the two reports on proposed alterations of the constitution be referred to a committee of three, to be appointed by the chair, with instructions to report to-morrow morning, in definite and proper form, such amendments as will embrace the views set forth in the reports, and such other views as may appear to them advisable.

This resolution was adopted.

Dr. WATSON of New York offered the following resolutions:

Resolved, That the report of the nominating committee now on the table be referred back to the said committee, with instructions to report complete on the standing committees, and such other committees as may be requisite for providing business for the association at its next annual meeting.

Resolved, That the invitation from the New York delegation for the meeting of the association in the city of New York in May 1853 be accepted, and that the nominating committee be instructed to that effect, and as usual to provide for the appointment of one of the secretaries from among the members residing at the place to be selected for the next annual meeting.

Dr. STEWART of New York moved to amend the resolutions, by referring the report of the nominating committee back to the committee without instructions.

This amendment was lost.

After some discussion and the proposal of several amendments, the question was taken on the adoption of the original resolutions, and they were unanimously adopted.

The secretary read the following communication from the New York academy of medicine, which, on motion, was referred to the publication committee and ordered to be printed:

NEW YORK ACADEMY OF MEDICINE,
New York, April 22d, 1852.

SIR—I have the honor herewith to transmit to you a copy of the preamble and resolutions adopted at a regular meeting of the New York academy of medicine, held April 21st, 1852.

Whereas the clinics now held at the medical colleges, as at present conducted, are or may be made tributary to the private interests of the professors at the expense of other and younger members of the profession, depriving them, by an odious monopoly, of *practice and operations*, and often of *fees*, to which they are justly entitled: Therefore,

Resolved as the sense of this academy, That to prescribe or operate upon the legitimate patients of any other physician, knowing them to be such, although done gratuitously at a clinique, is equally unwarrantable and unprofessional, with similar interference with the patients of another in private practice; and in either case, is a violation of the code of medical ethics adopted by this body.

Resolved, That the possible perversion of these clinics to the private emolument of those conducting them, by transferring patients to their private offices, and thus exacting fees from those found able to pay, divests the clinics of all pretext for professing to be public charities, and should be scrupulously guarded against in all our colleges by stringent rules.

Resolved, That a copy of these resolutions be sent to the authorities of the several medical colleges in this city.

The secretary was also instructed to forward a copy of the resolutions to the American Medical Association.

Respectfully yours,

JACKSON BOLTON, M. D.

Recording Secretary.

P. CLAIBORNE GOOCH, M. D.,

Sec. Am. Med. Asso. Richmond, Va.

Dr. HAXALL, chairman of the committee of arrangements, offered the following resolution, which was adopted:

Resolved, That after to-day the association hold a morning session from 9 o'clock A. M. to 3 or 3½ o'clock P. M., and have no afternoon session.

Dr. HAYWARD of Boston read a letter from Dr. HORATIO ADAMS of Waltham, Massachusetts, regretting his inability to be present at the meeting owing to a serious accident, and presenting the report of the committee on the "*action of water on lead pipes, and the diseases resulting from it*," asking the reference of the report to the committee on publication. The report was accepted and referred.

Drs. DRAKE of O. and ROGERS of Va. offered several suggestions in regard to the constitution, which were referred to the committee on that subject.

The chairman of the nomination committee requested that the delegates from states not represented when the committee was organized, should appoint their committeemen forthwith.

Drs. GWATHMEY and WATSON of Virginia, SMITH of California and BECK of New York were, on motion, admitted to the floor of the association during its sittings.

Dr. CORBIN of Va. read the following resolution, which he desired to lay on the table for the present:

Resolved, That one member from each state represented in

this association be appointed a delegate to represent it in the medical associations in Europe, and that they be requested to visit the foreign hospitals, and to report to the next meeting of the association the various improvements in the several branches of science connected with medical education, and in the treatment of diseases in general in foreign countries.

On motion, the association then adjourned.

AFTERNOON SESSION.

The president, Dr. B. R. WELLFORD, took the chair at half past 4 o'clock P. M.

Dr. DRAKE of Ky. offered the following:

Resolved, That all papers and reports on scientific subjects shall be read to the association before the question of their publication shall be decided.

Dr. WOOD of Pa. opposed the resolution.

Dr. PHELPS of N. Y. offered an amendment, which, together with the resolution, was, on motion of Dr. THOMAS of Md., laid on the table.

Dr. CONDIE of Pa. presented a paper on chemistry, from a gentleman not a member of the association, and Dr. DRAKE presented a similar one by Dr. WRIGHT of Ohio, on the influence upon the health of daguerreotypists of their occupation. On motion of Dr. CONDIE, they were both referred to a select committee, consisting of Drs. Ro. E. ROGERS, A. T. B. MERRITT and J. R. W. DUNBAR, with instructions to report on them to-morrow.

On motion of Dr. G. F. TERRILL of Va., Drs. T. L. SCOTT and W. H. FOX of Va. were admitted to seats on the floor.

Dr. EVE, from the committee on nominations, recommended the following officers for the ensuing year:

For Secretaries—Dr. P. CLAIBORNE GOOCH of Va. and Dr. EDWARD L. BEADLE of N. Y.

Committee on Publication—I. HAYS of Pa., P. CL. GOOCH of Va., E. L. BEADLE of N. Y., ISAAC PARRISH of Pa., G. EMERSON of Pa., D. F. CONDIE of Pa. and G. W. NORRIS of Pa.

Committee of Arrangements—F. CAMPBELL STEWART, JOHN WATSON, WM. ROCKWELL, JAS. R. WOOD, ROBERT WATTS, Jr., ALFRED C. POST, JOHN G. ADAMS and H. D. BULKLEY, of New York.

On motion, the report was received, and the gentlemen named were unanimously elected officers of the association for the ensuing year.

The chair then announced the following appointments in compliance with resolutions adopted at the morning session.

Committee on Amendments to the Constitution—Dr. F. C. STEWART of N. Y., Dr. WORTHINGTON HOOKER, of Conn., and Dr. ROB'T H. THOMAS of Md.

Committee on Dr. Cox's Resolutions in regard to the Rank of Medical Officers in the Navy—Dr. SAM'L JACKSON of Pa., Dr. JONATHAN KNIGHT of Ct. and C. C. COX of Md.

The report of the committee on "The Blending and Conversion of the Types of Fever" was then read by Dr. A. B. WILLIMAN of S. C., (in place of Dr. DICKSON, not present.)

On motion, the report was ordered to be printed and referred to the committee of publication.

Dr. HAYWARD of Mass. presented and read the report of the committee on "The permanent Cure of reducible Hernia;" which was ordered to be printed and referred to the committee on publication.

On motion of Dr. DUNBAR of Md., seconded by Dr. DRAKE, a report of the case of Dr. JAMESON of Baltimore was requested to be furnished for publication in an appendix to the report.

An application was presented from J. Wells, representative of the interests of the late Dr. HORACE WELLS of Hartford, Conn., asking that a committee be appointed to enquire into and to report on the claims of the contestants for the honor of priority in the discovery of the principle of anæsthesia in surgical operations.

The application was laid upon the table.

On motion, the association then adjourned.

THURSDAY, MAY 6, 1852.

The association was called to order at 9½ o'clock—Dr. WELLFORD, president, in the chair.

The minutes were read, amended and approved.

On motion of Dr. W. E. HORNER, Dr. BEYLARD of Paris was admitted to the floor of the association; and on motion of Dr. WILSON of Virginia, Dr. W. T. HOWARD of N. C. was also admitted.

Dr. JNO. WATSON of N. Y. offered the following resolution:

Resolved, That members of the association having questions for scientific enquiry to propose as part of the business for the ensuing year, be requested to submit the same in writing to the chairman of the committee on nominations, and that said committee be requested to report on the nominations of the

special scientific committees, with the subjects to be referred to said committees, at its earliest convenience.

Dr. WOOD of Pennsylvania offered the following amendment :

" And that the nominating committee nominate a committee of five, who shall select special subjects of investigation, and nominate chairmen of the committees on these subjects, and also to nominate the members of the committee on voluntary communications." Which was lost.

Dr. WATSON's resolution was then adopted.

Dr. ATKINSON of Virginia moved the following :

Resolved, That the thanks of this association are due and are hereby tendered to Dr. ISAAC HAYS, for the very efficient and satisfactory manner in which he has discharged the duties of its treasurer, and to Dr. H. W. DE SAUSSURE, for the able manner in which he has discharged the laborious duties of secretary.

Dr. GREEN of N. Y. offered the following resolutions, which were adopted :

1. *Resolved*, That at all future meetings of this association all reports of committees and all contributions on scientific subjects occupying more than ten pages of quarto post manuscript, be accompanied each by an abstract or synopsis embracing the principle points of such report or paper, which abstract or synopsis may be read before the association.

2. *Resolved*, That the above resolution be transmitted by the secretary to the chairman of each scientific committee.

Dr. STILLÉ of Pa. moved the following resolutions, which were seconded by Dr. BLATCHFORD of N. Y., and unanimously adopted :

1. *Resolved*, That the elegant, varied and generous hospitality which the association has enjoyed during its present session, calls for its hearty and unanimous thanks, with the assurance that it can never forget an entertainment, unrivalled even among the festivities of the "Old Dominion."

2. *Resolved*, That the thanks of the association are hereby presented to the Medical Society of Virginia, to the medical profession and citizens of Richmond, to the trustees of the "United Presbyterian church," to the managers of the Danville railroad, and to the several public institutions of this city, for the hospitable care of these bodies to promote the comfort and amusement of the association.

3. *Resolved*, That the association returns its thanks in an especial manner to the committee of arrangements for the zeal, intelligence and good taste displayed in performing its numerous and important duties.

Dr. SIMONS called up his resolutions in regard to the necessity of surgeons being employed on board of emigrant ships; which were advocated by him and adopted.

Dr. W. HOOKER of Ct. offered the following resolution, which was adopted:

Resolved, That special committees on medical education and medical literature be appointed, consisting each of five members, and that the nominating committee be instructed to nominate such committees to this association.

Dr. SUTTON of Ky. moved that a committee of three be appointed, whose duty it shall be to enquire whether any, and if any, what action this association shall take in reference to requesting the congress of the United States to have a large edition of the medical statistics, furnished by the census lately taken, published in a separate form for distribution among the medical profession of the United States, and to report to-day.

The chair announced the committee, to consist of Drs. SIMONS of S. C., BOYLE of D. C., and SUMNER of Conn.

On motion of Dr. CONDIE of Pennsylvania, it was

Resolved, That a committee of five be appointed to examine and report on the communication of Dr. DRAKE, on the relations between climate and pulmonary consumption.

The committee was announced, to consist of Drs. CONDIE, R. E. ROGERS, J. M. SMITH, MOULTRIE and MCGUIRE.

On motion of Dr. ROCKWELL, it was

Resolved, That the committee appointed to memorialize congress on the subject of compelling passenger vessels to carry surgeons, be directed also to call their attention to the importance of giving to each steerage passenger a certain amount of space between decks.

On motion of Dr. SMITH of Maryland, the following communication from the delegation of the American Medical Society in Paris, was received and read:

The undersigned, delegates of the "American Medical Society in Paris," beg leave to submit a few remarks upon the origin, intention and present condition of this institution.

This society, convened for the first time in the month of November 1851, has for its object the bringing together of American medical men residing in Paris, and the consequent diffusion of American medical and scientific knowledge among them. This institution, as yet in its infancy, has been sanctioned by the French government, and already recognized as a society by the numerous institutions of a similar character in the city. It numbers already fifty regular, active, besides a number of honorary and privileged members. The society, when it becomes more permanently fixed, will undoubtedly publish a journal, containing, in addition to its own original articles, the most interesting foreign medical news of the day, and from the nature of its position, must promise great advantages to the American practitioner in the United States. It most

respectfully requests the usual interchanges of the numerous and able medical and scientific journals in the United States.

Circulars requesting this favor have already been addressed to the editors of their respective journals, and the society flatters itself that their request will not be in vain.

The library and reading room attached to the society being open to scientific gentlemen of all nations, will be the means of more thoroughly diffusing American medical literature, and correcting numerous absurd ideas prevailing abroad with regard to our scientific institutions and general attainments.

ALEXANDER J. SEMMES, M. D.

WM. H. BERRY, M. D.

R. M. JONES, M. D.

Delegation of American Medical Soc'y in Paris.

PARIS, March 27th, 1852.

Dr. THOMPSON of Delaware moved to reconsider the acceptance by the association of the invitation from the Danville railroad company ; which motion prevailed.

After some debate, the following resolution, offered by Dr. HAYS of Pennsylvania, and amended by Dr. ROGERS of Virginia, was adopted :

Resolved, That the invitation of the president of the Danville railroad company be accepted, and that when the association adjourns to-day, it adjourn to meet again at 4 o'clock P. M. to-morrow.

Dr. BLATCHFORD of N. Y. offered the following :

Resolved, That a committee of three be appointed, to report at the next meeting of the association, on the best means of making pressure in the treatment of reducible hernia, and that Dr. HAYWARD of Mass. be the chairman. Carried.

Dr. USHER PARSONS of R. I. offered the following preamble and resolution, which, on motion of Dr. HAYS of Pa., were laid on the table :

Whereas it is required by law that a chest of medicines shall be furnished to every merchant ship, with suitable directions for their administration ; and whereas the pamphlets now in use are written by apothecaries instead of physicians, and are full of errors : Therefore,

Resolved, That a committee of three be appointed to prepare suitable directions to accompany medicine chests, that shall meet the wants of the officers and seamen in merchant vessels, under the sanction of this association, and report at the next annual meeting.

The report of the committee appointed on yesterday to consider the various propositions which had been made, suggesting amendments to the constitution, being called for, the chairman, Dr. F. CAMPBELL STEWART of N. Y., read a report and

resolutions, which Dr. HAYS of Pa. moved to refer to the committee of publication, with instructions to print.

Drs. J. K. MITCHELL of Pa. and W. HOOKER of Conn. discussed the merits of the report, when Dr. LOPEZ of Alabama raised a question of order as to the propriety of a discussion of the merits of the proposition.

The chair decided that the discussion was in order at this stage of the proceeding.

Dr. LOPEZ of Ala. appealed from that decision, which appeal was not sustained.

The discussion was then continued at great length by many members.

During the discussion, the following replies were elicited from several gentlemen, by questions propounded by Dr. WATSON of New York:

From Dr. HORNER, University of Pa.—The shortest term of medical study in the University required for the doctorate was three years, but that under some few and rare circumstances, a deviation had been permitted as an exception.

Drs. DAVIS and ROGERS of Virginia University stated that their laws required no specified time: nine months, and eighteen years of age even, were sufficient, but that two years were generally devoted to the study of medicine by their graduates. They explained the course of instruction at the University at length.

Dr. HUSTON of Jefferson Medical College, Philadelphia, said that three full years were required, but that occasions demanded sometimes a departure from the stringent rule.

Dr. FROST from South Carolina offered some interesting observations upon the much abused subject of medical education, and insisted that the profession had not retrograded. That there had been a steady and gradual improvement in our medical colleges generally, and brought to the notice of the association the attention which was observed in preparatory education in the medical college of South Carolina, which was highly creditable to the same. His remarks were listened to with attention, and brought forth observations of a like character from other members present.

The report and proposed amendments were received, after having been amended so as to read as follows: [We omit the report.]

ARTICLE I.—*Title of the Association.*

This institution shall be known and distinguished by the name and title of "The American Medical Association." It shall be composed of all the members of the medical profession of the United States of good standing, who acknowledge fealty to and adopt the code of ethics adopted by the association; and its business shall be conducted by their

delegates or representatives, who shall be appointed annually in the manner prescribed in this constitution.

Strike out the whole of Article II, referring to "Members," and insert the following:

ARTICLE II.—*Of Delegates.*

§ 1. The delegates to the meetings of the association shall collectively represent and have cognizance of the common interests of the medical profession in every part of the United States, and shall hold their appointment from county, state and regularly chartered medical societies; from chartered medical colleges, hospitals and permanent voluntary medical associations in good standing with the profession. Delegates may also be received from the medical staffs of the United States army and navy.

§ 2. Each delegate shall hold his appointment for one year and until another is appointed to succeed him, and he shall be entitled to participate in all the business affairs of the association.

§ 3. The county, district, chartered and voluntary medical societies shall have the privilege of sending to the association one delegate for every ten of its resident members, and one more for every additional fraction of more than one half of this number.

§ 4. Every state society shall have the privilege of sending four delegates; and in those states in which county and district societies are not generally organized, in lieu of the privilege of sending four delegates, it shall be entitled to send one delegate for every ten of its regular members, and one more for every additional fraction of more than one half of this number.

§ 5. No medical society shall have the privilege of representation which does not require of its members an observance of the code of ethics of this association.

§ 6. The faculty of every chartered medical college acknowledging its fealty to the code of ethics of this association, shall have the privilege of sending one delegate to represent it in the association: *Provided*, That the said faculty shall comprise six professors, and give one course of instruction annually of not less than sixteen weeks on Anatomy, Materia Medica, Theory and Practice of Medicine, Theory and Practice of Surgery, Midwifery and Chemistry: *And provided also*, That the said faculty requires of its candidates for graduation—1st. That they shall be twenty-one of age; 2d. That they shall have studied three entire years, two of which must have been with some respectable practitioner; 3d. That they shall have attended two full courses of lectures, (not however to be embraced in the same year,) and one of which must have been in the institution granting the diploma, and also where students are required to continue their attendance on the lectures to the close of the session; and 4th. That they shall show by examination that they are qualified to practise medicine.

§ 7. The medical faculty of the University of Virginia shall be entitled to representation in the association, notwithstanding that it has not six professors, and that it does not require three years of study from its pupils, but only so long as the present peculiar system of instruction and examination practised by that institution shall continue in force.

§ 8. All hospitals, the medical officers of which are in good standing with the profession, and which have accommodation for one hundred patients, shall be entitled to send one delegate to the association.

§ 9. Delegates representing the medical staffs of the United States army and navy shall be appointed by the chiefs of the army and navy medical bureaux. The number of delegates so appointed shall be four

from the army medical officers and an equal number from the navy medical officers.

§ 10. No delegate shall be registered on the books of the association as representing more than one constituency.

§ 11. Every delegate elect, prior to the permanent organization of the annual meeting, and before voting on any question after the meeting has been organized, shall sign the constitution and inscribe his name and address in full, with the title of the institution which he represents.

Dr. WADSWORTH of Pa. offered the following resolution:

Resolved, That when the association adjourns, it will be to meet again this afternoon at 4½ o'clock P. M., and that the resolution adopted on yesterday be rescinded so far as it conflicts with this action.

Carried.

Dr. SMITH of N. Y., chairman of committee on nominations, made a report, which was recommitted, on motion of Dr. PATTESON of Va., for correction.

The chair then announced the following committee on Dr. SIMONS' resolution in regard to the propriety of memorializing congress to pass some law requiring emigrant vessels to carry surgeons, viz: Dr. T. Y. SIMONS of S. C., chairman, POPE of Mo., THOMPSON of Del., FLINT of Ky. and MAURAN of R. I.

Dr. KNIGHT of Conn. moved to lay the report on amendments to the constitution on the table, to be taken up and voted on, section by section; which was carried.

The association then adjourned till 4½ o'clock P. M.

AFTERNOON SESSION.

Dr. WELLFORD, president, called the association to order at half past 4 o'clock.

Dr. MCINTYRE, of N. Y. moved to refer the report on the amendments to the constitution to the publication committee; which was lost.

Dr. SMITH, N. Y., chairman of the nomination committee, reported and offered the following resolution, which was received and adopted unanimously.

Resolved, That the following gentlemen be appointed:

1. *Committee on Medical Literature*—RENÉ LA ROCHE, M. D., of Pa., chairman; H. W. DE SAUSSURE, M. D., of S. C.; N. S. DAVIS, M. D., of Ill.; JACOB BIGLOW, M. D., of Mass.; ED. H. BARTON, M. D. of La.

2. *Committee on Medical Education*—ZINA PITCHER, M. D., of Mich., chairman; AUSTIN FLINT, M. D., of N. Y.; J. R. W.

DUNBAR, M. D., of Md.; JAMES McKEEN, M. D., of Maine; D. W. YANDELL, M. D., of Ky.

The amendments to the constitution, as embodied in the amended report of the committee at the morning session, were then read, section by section, and after some debate, laid on the table as proposed amendments to the constitution.

During the discussion, Dr. WILSON of Va. offered the following amendment, which was laid on the table, on motion of Dr. THOMAS of Md.:

The faculty of every chartered medical college acknowledging its fealty to the code of ethics, and conforming to the requisitions of this association on the subject of medical education as adopted by this association in 1846, and reiterated at its subsequent meetings, shall have the privilege of sending one delegate to represent it in the association: provided that the medical faculty of the University of Virginia shall be entitled to representation in this association in consequence of its peculiar organization, but only so long as its peculiar system of instruction and examination shall continue in force.

Dr. WILSON gave notice that the above would be called up at the next meeting of the association as an amendment to the constitution.

Dr. ATLEE of Pennsylvania moved the following, which was adopted:

Resolved, That this association still recommends to the medical colleges the propriety of lengthening their terms of instruction.

On motion, the following resolution was called up for consideration, and adopted:

Resolved, That the colleges exclusively of dentistry and pharmacy are not recognized by this association as among the bodies authorized to send delegates to its meetings.

On motion of Dr. GOOCH of Virginia, the two reports from the committee appointed last year to suggest alterations of the constitution, together with that of the committee to which they were referred on yesterday, were referred to the committee of publication, with instructions to print.

Dr. JACKSON of Pennsylvania then read a report from the committee appointed to consider the resolutions offered on yesterday by Dr. COX of Maryland, in regard to memorializing congress to pass an act giving rank to surgeons in the navy:

The committee to whom the resolutions relative to the rank of the medical officers of the United States navy were referred, respectfully report:

That the objects sought to be obtained, in respect to rank, by the medical officers of the navy, and the course they have pursued, were approved by this association at the meetings held in Baltimore 1848, in Cincinnati, Ohio, 1850, and in Charleston, South Carolina, 1851.

The attention of the association has again been directed to this subject by Surgeon Ninian Pinkney of the navy, who has read a memorial he contemplates presenting to congress, and a bill providing by legislative enactment for the definitive settlement of this unnecessarily debated question.

This association can have no hesitation in reaffirming its former opinions and action, and of approving the memorial of Surgeon Pinkney so far as it sustains the views of the navy medical officers, as also the provision contained in the bill which he has drafted for the adjustment of this controversy, calculated to disturb the harmony of the officers associated in separate departments of the same service, and whose united action is indispensable to the perfect fulfillment of their respective duties.

It is difficult to understand the opposition of the naval ship officers to the institution of military rank and grade for the navy medical officers. Rank and grade are things in themselves of no value—that philosophers may despise—but it is the universal custom of mankind to employ them as symbols of ideas expressive of honor and respect for individuals or stations. They do not necessarily, and need not confer command, or be connected with other than moral power and influence. The naval ship officers comprehend fully the value of rank and grade and forms of ceremony on the minds of the crews, who are for the most part uneducated, whom they command. They evince on this very subject great pertinacity, and it may also be said jealousy, in the opposition they make to the conferring of rank and grade unassociated with command or power, as marks only of honor and respect, on the naval medical officers. The government some years past, by the appointment of a navy and army examining board, elevated the standard of education for their navy and army medical officers to the highest point, not merely for professional knowledge, but on subjects of general information. It is a higher standard than that of any of our medical schools.

The navy department, acting in uniformity to this requisition of higher attainments in the medical officer, in the year 1847 conferred on him assimilated rank and grade, denoting solely the honor and respect due to him and his position, bestowing no power that could interfere with the command and proper duties of the naval ship officers.

So far as this association has information, this system worked well—did not conflict with any duties connected with the command of the ship, and that no valid reason existed for its alteration. It was not permitted to remain undisturbed. It was subjected to a revision by a board of officers, in which the medical navy officers had not a single representative. The result has been a report that degrades the navy medical officers from their former rank, and establishes a lower one, and without assigning a reason for this course, or the advantages it possesses over that which had been previously established by the navy department. What renders this proceeding the more invidious is that the army board, appointed at the time with the navy board and for similar enquiries, have retained the rank and grade of the army medical officers as previously established, which was the same as that of the navy medical officers under the regulation of 1847.

As a consequence of this different action of the boards of navy and army officers, this incongruity, if adopted, will be introduced into the military code of the United States—that the navy medical officers will hold a lower grade and rank than the army medical officers, and a consequent implication of the inferiority of the one to the other.

In view of the above considerations, the committee submit to the association the following resolutions as substitutes for those referred to them :

1. *Resolved*, That the American Medical Association, representing the medical profession of the United States, reaffirm the resolutions passed at the meetings held in Baltimore in 1848, in Cincinnati in 1850, and in Charleston, South Carolina, in 1851, by pressing their approbation and support of the establishment of the assimilated rank conferred on the navy medical officers by the regulation of the navy department in 1847.

2. That this association is not aware of any disadvantage attending on the regulation of 1847; that they can perceive no just cause for its alteration, and disapprove of the change proposed.

3. That it is the opinion of this association that it would be for the interest of the naval service that this question should be settled definitively during the present session of congress, and if conformable with the usages of the military service, by legislative enactment, to which request they respectfully invite the attention of the honorable senate and house of representatives.

SAM'L JACKSON,
CHRIS. C. COX.

On motion of Dr. CORBIN of Va., the report was received and adopted, and the secretaries were instructed to forward a certified copy of the same to the presiding officers of both houses of congress, and also to the secretary of the navy.

Dr. SIMONS of S. C., chairman of the committee raised on Dr. SUTTON's resolution, adopted on Wednesday, made the following report :

"The committee appointed, on motion of Dr. SUTTON, to enquire what action should be taken to get congress to publish the medical statistics of the census of the United States separately, to be presented to the medical profession under the auspices of the medical association, recommend that this or some other committee be empowered to memorialize congress on the same."

On motion of Dr. GOOCH of Va., the report was received, and the same committee was instructed to carry out the recommendation in it.

Dr. W. HOOKER of Ct. read the report of the committee on the epidemics of New England, together with the following recommendation from the chairmen of the several committees on epidemics, which was adopted :

In behalf of the committees on epidemics who are present at this meeting of the association, we present the following communication.

In view of the statements made in the report just presented, and of those which will be presented to you in some of the other reports on epidemics, the undersigned, members of a part of the committees on this subject appointed by this association, would recommend to the meeting the following resolutions :

Resolved, That the committees on epidemics be constituted

in relation to the division into districts as they were the last year, and that they be continued in service during a period of five years.

Resolved, That the chairman appointed for each district shall have power to select associates, not exceeding four in number, to assist him in his labors.

Resolved, That the several state medical societies be requested to use their influence to procure the appointment by the legislatures of sanitary commissions.

(Signed)

W. L. SUTTON,
JNO. L. ATLEE,
W. HOOKER,
JOSEPH PARRISH,
Z. PITCHER,
RO. W. HAXALL.

Dr. STORER of Mass. sent to the secretary's table a correspondence between the president of the Epidemiological society of London and the Hon. Abbott Lawrence, ambassador to England, together with some documents relating to the organization and usefulness of the society.

On motion of Dr. CONDIE of Pa., they were laid on the table.

A letter was received and read from Dr. ROBLEY DUNGLISON, foreign secretary, and one of the vice presidents of the Sydenham society of London, presenting copies of the constitution and laws of the society; which, on Dr. HAYWARD's motion, were laid on the table.

Dr. POPE of Mo. then read a report from the committee on the uses of water in surgery; which, on motion of Dr. DRAKE, was referred to the committee on publication.

On motion, the association then adjourned.

FRIDAY, MAY 7, 1852.

The association was called to order by the president at 4½ o'clock P. M.

The minutes of yesterday's session were read, amended and approved.

On motion of Dr. STILLÉ of Pennsylvania, the paper read by Dr. DRAKE of Kentucky, on the "Influence of Climatic Changes on Consumption," was referred to the committee of publication.

Dr. ATLEE of Pennsylvania offered the following preamble and resolution, which were unanimously adopted:

Whereas it is the duty of patriotism to do homage to those

who have been benefactors to their country; and whereas the medical profession in the United States, heretofore not wanting in patriotic feeling or action, desire to co-operate with the other public bodies and institutions of the country in rendering their profound reverence to the memory of him who was "first in peace, first in war, and first in the hearts of his countrymen:"

Be it therefore resolved, That a committee of five be appointed, whose duty it shall be to solicit subscriptions from members of the American Medical Association, for the purpose of procuring a suitable stone with an appropriate inscription, for insertion in the name of this association, into the national monument to the Memory of WASHINGTON now in progress of erection at Washington city.

The chair announced the committee, to consist of Drs. Jos. L. ATLEE, W. P. JOHNSTON, RO. W. HAXALL, ALFRED STILLÉ and GOUVERNEUR EMERSON.

Dr. C. C. Cox of Maryland offered the following resolution, which was lost:

Resolved, That the committee on publication be and are hereby directed to distribute copies of the Transactions of this association, when printed, to the several booksellers in the principal cities of the Union, for the more convenient access of members entitled to the same, and also for the purpose of disposing of such copies as may remain on hand after the members shall have been supplied.

Dr. CORBIN of Virginia called up his resolution offered on Wednesday, in regard to accrediting one member from each state represented in the association, to travel in Europe and to report upon foreign medical affairs to the association.

The resolution was adopted.

Dr. PHELPS of New York then called up his amendment to the constitution proposed last year, to insert in article vii, p. 60, after the word "endeavors" the words "in reliance on divine guidance and support."

The motion so to amend was lost.

Drs. FLINT of Kentucky and HOOKER of Connecticut made motions in regard to the constitution, but they were withdrawn.

Dr. J. M. SMITH of New York, chairman of the committee on nominations, presented the following report, which, on motion of Dr. CORBIN of Virginia, was adopted:

The committee of nominations, in fulfilling the duty of their appointment, propose to continue most of the special committees appointed by the association in May 1851, and to appoint several new special committees: they therefore submit the following list of *chairmen of special committees*, with the subjects to them committed:

1. Dr. D. F. CONDIE of Philadelphia—On the Causes of Tubercular Disease.
2. Dr. JAMES JONES of New Orleans—On the Mutual Relations of Yellow and Bilious Remittent Fever.
3. Dr. R. S. HOLMES of St. Louis, Mo.—On Epidemic Erysypelas.
4. Dr. CHA'S D. MEIGS of Philadelphia—On Acute and Chronic Diseases of the Neck of the Uterus.
5. Dr. J. P. JERVEY of Charleston, S. C.—On Dengue.
6. Dr. DANIEL DRAKE of Cincinnati, O.—On Milk Sickness, so called.
7. Dr. A. LOPEZ of Mobile, Ala.—On the prevalence of Idiopathic Tetanus.
8. Dr. GEO. B. WOOD of Philadelphia—On Diseases of the Parasitic Organs.
9. Dr. R. D. ARNOLD of Savannah, Ga.—On the Physiological Peculiarities and Diseases of Negroes.
10. Dr. JOSEPH CARSON of Philadelphia—On the Alkaloids which may be substituted for Quinia.
11. Dr. S. D. GROSS of Louisville, Ky.—On results of Surgical Operations for the Relief of Malignant Diseases.
12. Dr. JAMES R. WOOD of New York—On Statistics of the Operation for the removal of Stone in the Bladder.
13. Dr. ALEX'R H. STEVENS of New York—On Sanitary Principles applicable to the Construction of Dwellings.
14. Dr. F. PEYRE PORCHER of Charleston, S. C.—On Toxicological and Medicinal Properties of our Cryptogamic Plants.
15. Dr. G. EMERSON of Philadelphia—On Agency of the Refrigeration produced through Upward Radiation of Heat as an exciting cause of Disease.
16. Dr. HENRY J. BIGELOW of Boston, Mass.—On the best means of making Pressure in Reducible Hernia.
17. Dr. A. T. B. MERRITT of Richmond, Va.—On Cholera and its relation to Congestive Fever—their analogy or identity.
18. Dr. USHER PARSONS of Providence, R. I.—On Displacements of the Uterus.
19. Dr. H. F. CAMPBELL of Augusta, Ga.—On Typhoid Fever.
20. Dr. WORTHINGTON HOOKER of Conn.—On Epidemics of New England and New York.
21. Dr. JOHN L. ATLEE of Lancaster, Pa.—On Epidemics of New Jersey, Pennsylvania, Delaware and Maryland.
22. Dr. ROB'T W. HAXALL of Richmond, Va.—On Epidemics of Virginia and North Carolina.
23. Dr. WM. M. BOLLING of Montgomery, Ala.—On Epidemics of South Carolina, Georgia, Florida and Alabama.
24. Dr. EDWARD H. BARTON of New Orleans, La.—On Epidemics of Mississippi, Louisiana, Texas and Arkansas.
25. Dr. W. L. SUTTON of Georgetown, Ky.—On Epidemics of Tennessee and Kentucky.
26. Dr. THOMAS REYBURN of St. Louis, Mo.—On Epidemics of Missouri, Illinois, Iowa and Wisconsin.
27. Dr. GEORGE MENDENHALL of Cincinnati, Ohio—On Epidemics of Ohio, Indiana and Michigan.

Committee on Volunteer Communications—DRS. JOSEPH M. SMITH, JNO. A. SWETT, WILLARD PARKER, GURDON BUCK and ALFRED C. POST, of New York.

The secretary then read a letter from Dr. S. D. Gross of Kentucky, chairman of the committee "on the results of sur-

gical operations for the relief of malignant diseases," regretting his inability, after strenuous exertions, to present a satisfactory report to the present meeting, and asking to be continued at the head of the same committee.

Dr. PAUL LAJUS of Pa. offered the following resolution, which, after some debate, was lost :

Resolved, That a prize of \$ 250 be awarded hereafter to the best prize essay, and that honorable mention be awarded to the four next best essays, provided they be worthy of that honor.

Dr. WOOD of Pa. then moved that instead of awarding five prizes of \$50 each, annually, that the association hereafter grant two prizes of \$100 each, for the two best essays. Carried.

On motion of Dr. STILLÉ of Pa., the report on proposed amendments to the constitution was recommitted to the committee, with instructions "so to amend it as to admit a representation of the army and navy, and to make other alterations."

Dr. R. E. ROGERS of Va. then read the following report :

"The committee to which were referred two voluntary communications, one on the injurious effects of the Daguerreotype art, the other on the proper mode of teaching chemistry in medical schools, beg leave respectfully to report, that the first named communication has been withdrawn by its author, he wishing to leave the city. With respect to the second communication, they would report that they have read and carefully considered its contents, and that while they fully recognize the interest and importance of the subject of the communication, yet in their opinion it is not of a kind which comes within the scope of the views of the association with reference to the matter to be included in the published Transactions of the body. They therefore recommend that the paper be returned to its author.

(Signed,)

R. E. ROGERS,
A. T. B. MERRITT,
J. R. W. DUNBAR,
Committee."

On motion of Dr. DOVE of Va., the report was received and adopted, and the committee was discharged from further consideration of the subject.

The reports of the committees on scientific subjects being called for, Dr. HORNER of Pa. moved that they be read by their titles and referred to the committee of publication ; which motion was adopted.

The following reports were then presented, read by their titles, and referred to the committee of publication.

"On the Toxicological and Medicinal properties of our Cryptogamic Plants," by F. PEYRE PORCHER of S. C.

"On the Epidemics of New Jersey, Pennsylvania, Delaware and Maryland," by J. L. ATLEE of Pa.

"On the Epidemics of South Carolina, Georgia, Florida and Alabama," by Dr. W. M. BOLING of Ala.

Together with this report, which was handed in by Dr. DRAKE of Ky., there was also presented a paper by Dr. D. J. CAIN of S. C.; which was ordered to be appended to the report when published.

"On the Epidemics of Mississippi, Louisiana, Texas and Arkansas," by Dr. Ed. H. BARTON of La.

"On the Epidemics of Ohio, Indiana and Michigan," by Dr. GEO. MENDENHALL of Ohio.

Dr. STEWART of N. Y. then presented the report of the committee on the amendments to the constitution, and read the following additions which the committee had made since its recommitment:

To section 1, article 2, add "Delegates may also be received from the United States army and navy.

In section 6, article 2, add the words "Comprise six professors and" after "provided said faculty shall."

In section 6, add to 3d requisition on faculties, the words "and also where students are required to continue their attendance on the lectures until the close of the session."

Add section 7. "The medical faculty of the University of Virginia shall be entitled to representation in the association, notwithstanding that it is not composed of six professors, and that it does not require three years of study for its pupils, but only so long as the present peculiar system of instruction and examination practised by that institution shall continue in force."

Add section 9. "Delegates representing the medical staff of the United States army or navy shall be appointed by the chiefs of the army and navy medical bureaux. The number of delegates so appointed shall be four from the army medical officers and an equal number from the navy medical officers."

After some discussion, and the failure of several motions to alter, lay on the table, etc., the report from the committee was accepted as amended by an unanimous vote, and the propositions (as seen on page 303 of third day's proceedings) were recommended to the next association as amendments to the constitution.

Dr. BOLTON of Va. then gave notice of the following amend-

ment, which he should call up at the next meeting: Add to § 6, art. ii, "Provided that such college require of its matriculates an adequate preliminary examination."

Dr. F. C. STEWART of N. Y. moved the following preamble and resolutions, which were seconded by Dr. POPE of Mo. and unanimously adopted:

Whereas the building in which this association has held its present session was gratuitously furnished by the proprietors: Therefore,

Resolved, That the cordial thanks of the "American Medical Association" be and the same are hereby tendered to the pastor and trustees of the United Presbyterian congregation of the city of Richmond, for the kindness and hospitality manifested by them in tendering to the association the free use of their church and lecture room.

Resolved, That a copy of these resolutions be signed by the president and secretaries of the association, and transmitted to the pastor and trustees of the United Presbyterian congregation.

Dr. DUNBAR of Md. offered the following resolution, which was unanimously adopted by a rising vote:

Resolved, That the thanks of this association are hereby voted to the president for the able and satisfactory manner in which he has presided over its meetings, and also to the secretaries for the faithful manner in which they have discharged their laborious duties.

On motion of Dr. THOMPSON of Delaware, and seconded by Dr. ROGERS of Virginia, the following resolution was unanimously adopted, and a copy of it was directed to be furnished to Dr. MOULTRIE:

Resolved, That the thanks of the association are unanimously voted to Dr. JAMES MOULTRIE of South Carolina, its late president, for the able, impartial and faithful manner in which he has discharged the duties of president of this association during the past year.

On motion of Dr. GOOCH of Va., the president was empowered to make the appointments under Dr. CORBIN's resolution offered on the second day and passed, at any time during the year.

On motion of Dr. POPE of Missouri, the association then adjourned to meet again in May next, in the city of New York.

The vice president in the chair, Dr. T. Y. SIMONS of S. C., then, in a few appropriate remarks congratulated the members on the happy termination of their meeting, and declared it adjourned *sine die*.

Proceedings of a General Convention of the Physicians of Virginia.

A convention of medical practitioners of the state met in the Richmond Athenæum on Tuesday afternoon, April 28th 1852.

At 4½ o'clock P. M., Dr. Ro. W. HAXALL called the meeting to order, and, on his motion, Dr. THOS. P. ATKINSON of Pittsylvania was called to the chair, and Dr. R. A. LEWIS of Richmond city was requested to act as secretary *pro tempore*.

On motion of Dr. PEEBLES of Petersburg, the chair appointed a committee of five to nominate permanent officers and to make rules for the government of the convention.

The committee consisted of Drs. G. A. WILSON of Richmond, GEORGE LEE of Loudoun, J. F. PEEBLES of Petersburg, O. A. BROWN of Greenville, and Ro. W. HAXALL of Richmond.

During the absence of the committee, the members present enrolled their names and post offices.

[There were more than one hundred present, and many of the most distant counties of the state were represented.]

The committee reported the following gentlemen for officers of the convention, and they were unanimously elected:

Dr. T. P. ATKINSON of Danville—*President*.

Drs. SPICER PATRICK of Kanawha and HENRY C. WORSHAM of Dinwiddie—*Vice Presidents*.

Drs. R. A. LEWIS and F. W. RODDEY, of Richmond city—*Secretaries*.

The committee also recommended that the rules of the Virginia house of delegates be adopted, so far as applicable; which was adopted.

Dr. ATKINSON made a few appropriate remarks, thanking the convention for the honor it had conferred upon him, and referring to the purposes for which it was convened.

Dr. PEEBLES moved that a committee of five be appointed to prepare business for the convention. This motion prevailed, and Drs. Peebles, Haskins, Beale, Patrick and McCaw were appointed.

The roll was then called by the secretary.

The president said that, during the absence of the committee, gentlemen who were not fellows of the Medical Society of Virginia, and who desired to join that body, could present their applications to the proper persons, who were present.

Dr. HAXALL, chairman of the committee of nomination of the society, said that he would be glad to receive the names

of any gentlemen who were desirous of joining the society, as the committee would report on nominations at the regular meeting of that body to-night.

Many gentlemen came forward and gave their names to the committee.

Dr. TATUM moved that the sessions of the convention be opened by prayer, and that a minister of the Gospel be requested to officiate.

After some explanation, this motion was withdrawn.

The committee on business made the following report :

The present convention, composed of members of the medical fraternity from various portions of the state, being fully convinced of the truth of the declarations that the elevation of the standard of qualification required of those to whom are committed the health and lives of the community, and the exclusion, from the practice, of the ignorant and the incompetent, would not only exalt their own profession, but in a corresponding degree protect society at large from the most greivous imposition and deplorable injury : Therefore,

1. *Resolved*, That this convention heartily approves of the efforts which have been made in the state, for the improvement of the medical profession, by a thorough organization of its members and otherwise.

2. *Resolved*, That we feel a deep interest in the prosperity of the State Medical Society, which has so efficiently carried out the recommendations of the former State Medical Convention in regard to the enrollment of members, and that we urge upon our brethren throughout the commonwealth to continue their efforts, by organizing local societies of like character in every county and corporation within its limits.

3. *Resolved*, That we concur fully with the recommendation of the American Medical Association, and with that of our former State Medical Convention, held in this city in 1846, as to the propriety of separating the licensing from the teaching power, and that we approve and will sustain the memorial now before the legislature of the state, asking the establishment of a State Board of Medical Examiners.

Dr. GOOCH moved that the report be received and adopted.

After some discussion, in which Drs. MAUPIN, GOOCH and others participated, the preamble and resolutions were unanimously adopted, and the secretaries were instructed to send copies of them to the two houses of the legislature.

After tendering a vote of thanks to the officers, and to the managers of the Richmond Athenæum, the convention adjourned *sine die*.

Medical Society of Virginia—April Meeting.

The President, DR. B. R. WELLFORD, in the Chair.

(Present—About sixty Fellows and numerous Visitors.)

The regular monthly meeting of the society was held in the Richmond Athenæum on the evening of Tuesday, April 27th, 1852.

The minutes of the March meeting having been read and approved, Dr. HASKINS, from the nominating committee, reported the names of one hundred and two resident physicians of the state who had applied for membership and who had been deemed worthy of election by the committee.

On motion of Dr. R. G. CABELL, they were all balloted for at once by universal consent, and the gentlemen thus nominated were elected fellows of the society.

There being no regular subject for discussion for the evening, voluntary communications and miscellaneous business were announced by the chair to be in order.

Dr. A. S. PAYNE of Fauquier presented to the society a beautiful specimen of false membrane which had been thrown off from the air tubes of an aged individual.

Dr. P. gave a brief but interesting account of the case, and the preparation was handed to the curator. [Dr. PAYNE has promised us a note on this case, which we will publish in future.]

On motion of Dr. BOLTON, Dr. JOHN C. COLEMAN was appointed assistant secretary until the ensuing annual election of officers.

Dr. HAXALL offered the following resolution, which was adopted:

Resolved, That the annual meeting of the society be convened to-morrow at 11 o'clock A. M., and that the president be requested to deliver his address at 8 o'clock P. M.

On motion of Dr. GOOCH, a committee of five was appointed to revise the constitution of the society, and to report such an one as would be adapted to the better and more enlarged organization of the institution, as soon as practicable.

The chair appointed Drs. GOOCH, ATKINSON, LEE, PEEBLES and HASKINS to constitute the committee.

The secretary laid on the table several documents, which had been received by him for the society.

Several bills for printing, &c. were presented and ordered to be paid.

On motion, the society then adjourned.

Proceedings of the Annual Meeting of the Medical Society of Virginia for 1852.

The twenty-ninth annual meeting of this body was convened in the hall of the Richmond Athenæum on Wednesday, April 28th, 1852.

The president, Dr. BEVERLEY R. WELLFORD, took the chair at 11½ o'clock A. M.

[The following is a roll of the fellows of the society, so far as we have been able to obtain their names; those marked with an * were present during this meeting. We should be pleased to have corrections made by those who are not reported, or whose names are not properly put down:]

Agnew, James A.	Brown, Wm.	Coleman, J. C.*
Allen, C. C.	Brown, Wm. T.*	Coleman, R.
Ambler, R. C.	Brown, R. T.	Coleman, Peter,
Anderson, William C.*	Brown, G. W.	Coleman, C. W.
Anderson, C. E.*	Brown, John,	Cook, W. G.
Anderson, L. B.*	Brown, B. F.	Cook, John,
Anderson, Jno. B.*	Broaddus, C. C.	Cochran, W. B.
Anderson, Benjamin,	Branson, R. H.	Constable, T. J.
Archer, Branch T. (H. F.)	Brockenbrough, W. R. S.	Connally, R.
Archer, Carthon,	Burton, J. J.	Conway, J. H.*
Ashby, John W.	Burton, Martin,	Corbin, G. L.*
Ashby, C. W.*	Burton, Wm. S.	Cowdery, C. W.
Atkinson, T. P.*	Burke, Wm.	Cox, Thomas E.*
Austin, James,	Burke, T. J.	Craddock, C. F.
Austin, —,	Berkley, P.	Craddock, John,
Dr. Baxley, (H. F.)	Berkley, P. R.	Craighead, W. G.
Ball, Wm. B.	Butler, J. B.	Creigh, Thomas,*
Battaille, Wm. C.	Bulwith, J. W.	Crenshaw, O. A.
Battaille, W. O.	Cabell, R. H. (H. F.)*	Cross, Wm.
Bagwell, T. P.	Cabell, R. G.*	Crow, N. J.*
Baker, P. B.	Cabell, P. H.*	Crump, Wm. Jr.*
Barton, R. R.	Cabell, J. L.	Cunningham, J. A.*
Banister, M.	Cabell, J. G.*	Cunningham, A. J.
Balfour, E. O.	Carmichael, E. H. (H. F.)	Curtis, H.
Baylor, R.	Carmichael, G. F.	Davis, J. S.
Balte, W. H.	Carrington, R. A. (H. F.)*	Davidson, —,
Balte, G. H.	Carrington, P. S.	Deane, F. H.*
Beale, James,*	Carrington, W. F.	Dennis, W. H.
Beck, M. B.*	Carrington, C.	Dillon, A. S.
Belt, H. S.	Carrington, P. I.	Dillon, Alex.
Bland, W. J.	Cartwright, (H. F.)	Dillon, Jas.
Blanton, James,	Carter, W. Gibbon,*	Dillard, H.
Blanton, P. B.	Carter, Charles,	Dodson, W. E.
Blakey, Y. C.	Chamberlayne, L. W.	Donaghe, B. G.
Bohannon, R. L. (H. F.)	(H. F.)	Dorset, J. L.*
Bolling, L.	Chappell, W. H.	Dove, John, (H. F.)*
Boykin, F. M.	Chilton, J. A.	Dove, Jas.*
Bottom, James,*	Cheatham, W. J.	Drake, O. L.
Boyle, T. M.	Christian, P. H.	Dunn, F. H.*
Broocks, J. N.*	Christian, Samuel,	Eastly, W. S.*
Braxton, W. P.	Claiborne, J. H.	Edmunds, J. R.
Browne, O. A.*	Clarke, W. J.*	Eliason, J. T.
Browne, P. F.	Coates, Stapleton,*	Ellis, B. J.
Browne, J. S.	Cocke, C. C.	Eppes, W. J.

Fairfax, O.
 Farrar, W. T.*
 Fauntleroy, John,
 Field, Hume,
 Finney, O. B.
 Fisher, Ed. C.*
 Flippo, J. A.*
 Flippins, —,
 Fleming, G. S.
 Foster, A. J.
 Fox, Wm. H.*
 Friend, J. E.*
 Funsten, R. O.*
 Fuqua, Wm.
 Galt, Jno. M.
 Gambill, R. H.
 Garnett, A. H.
 Garnett, J. R.
 Garnett, J. H.
 Garden, T. J.
 Garden, J. B.
 Gardner, J. B.*
 Geddings, E. (H. F.)
 Gerhard, W. W. (H. F.)
 Gibb, Geo. D. (H. F.)
 Gibson, C. B.*
 Gillispie, J. L.
 Gilmer, Drs.
 Gholson, S. C.
 Gholson, R. H.
 Glassell, Andrew,
 Glascock, R. M.
 Gooch, P. Cl.*
 Green, N. F.
 Green, W. S.
 Grigg, Peter,
 Grigg, Beverley,
 Grinnan, A. G.
 Grovath, —,
 Grymes, R. P.
 Gwathney, W. H.*
 Hales, Peter,
 Hales, — Jr.
 Halson, J. G.
 Hancock, F. W.*
 Harrison, T. R.*
 Harrison, B. C.*
 Harrison, E. J.*
 Harris, C. R.
 Harris, Wm. I.
 Harris, Sam'l
 Harvies, G. W.
 Harding, Wm.
 Hartwell, C. P.
 Haskins, W. D.*
 Haxall, R. W.*
 Hicks, B. J.
 Hill, O. B.*
 Higginbotham, E. G.
 Hobson, J. V.
 Hobson, R. B.
 Holeman, G. P.
 Houston, M. H.
 Howlett, Jno.

Hoge, T. P.
 Hubbard, H. C.
 Hudgins, R. G.
 Hughes, Ed.
 Hunter, T. J.
 Hunter, J. A.
 Hurt, J. M.
 Irving, Paulus,
 Isbell, A. C.*
 Jackson, J. F.
 Jennings, Ro.
 Johnson, C. P.
 Johnson, Jas.
 Jones, W. T.*
 Jones, Jno.
 Joynes, L. S.
 Kent, J. W.
 Laird, T. H.
 Lake, R. Pinkney,*
 Langhorne, D. S.
 Leach, Richard,
 Lee, George,*
 Lewis, R. A.*
 Lewis, Meriwether,
 Lewis, Zach.*
 Lewis, W. W.
 Lewis, R. E.
 Lewis, C. S.
 Liard, —,
 Ligon, L. N.
 Leitch, J. A.
 Little, J. P.*
 Lockett, W. F.
 Logan, J. P.
 Lumpkin, John G.*
 Lundy, E. W.
 Lyle, Jas.
 Madison, R. L.
 Marx, F.
 Martin, W. S.
 Martin, H.
 Marstin, W. F.
 Marshall, —,
 Mason, A. H.
 Mason, Geo.
 Mason, R. H.
 Maupin, S.*
 Maupin, H. B.*
 Meriwether, W. A.*
 Merritt, A. T. B.*
 Mettauer, J. P.
 Mettauer, T. P.
 Mettauer, M.
 Mettauer, Jos.
 Mettauer, Archer,
 Mettert, Jno. H.
 Mills, C. S.*
 Miller, John T.
 Miller, John,
 Michie, J. W.*
 Minor, G. G.*
 Minor, Chas.
 Minor, H. I.
 Moon, T. B.

Moore, W. J.
 Morrison, E. A.*
 Morris, —,
 Morris, Jno.
 Moseley, C. F.
 Moseley, —,
 Moultrie, Jas. (H. F.)
 Mutter, T. D. (H. F.)
 McCaw, Jas.*
 McQueen, D. A.*
 McGill, —,
 Nash, J. W.
 Nelson, Thos. (H. F.)
 Nelson, R. C.
 Nelson, R. W.
 Nickolson, Geo. L.*
 Nickolson, —,
 Oliver, W. W.*
 Osborne, Wm.
 Otis, George,*
 Owen, W. Ottaway,
 Palmer, W. P.*
 Palmore, C. R.
 Parker, W. W.*
 Patrick, Spicer,*
 Patteson, W. A. (H. F.)*
 Patteson, S. A.*
 Pattison, John,
 Patillo, J. A.
 Patillo, W. H.
 Patillo, A.
 Patton, Thomas,
 Payne, A. S.*
 Payne, R. S.
 Petticolas, A. C.*
 Peebles, J. F.*
 Peachy, B. St. G.*
 Philips, Edwin D.
 Pleasants, Wm. B.*
 Pleasants, A. C.*
 Pleasants, J. A.*
 Pollard, Thomas,*
 Potts, W. A. L.*
 Powell, Frank,
 Powell, John N.*
 Powell, Wm. L.
 Powell, Erasmus,*
 Power, R. H.
 Pratt —,
 Raine, Cha's,
 Rawlings, G. C.*
 Reese, B. P.
 Rives, Landon,
 Rives, N. F.*
 Ritchie, R. R.
 Robinson, T. L.
 Roddey, F. W.*
 Rose, R. W.
 Roper, W. W.
 Royster, R. W.
 Royall, S. H.
 Rogers, R. E.
 Scott, M. P.*
 Scott, W. S.

Selden, Wm.	Talley, Horace,	Walke, Sydenham,
Selden, Wm.	Talley, Zach.	Walke, J. W.
Selden, H.	Talley, Edward,	Walker, R. H.
Shields, T. P.	Tatum, H.	Walton, L. P.
Shelton, James,	Taylor, R. K.*	Walton, Lewis,
Shultice, Wm.	Taylor, W. T.*	Walton, R. P.
Sinton, John F.*	Taylor, Ro. R.	Walton, Jas.
Simmons, R. L.	Temple, Thos.*	Wallace, J. G.
Skipwith, G. W.	Terrill, G. F.*	Wallace, J. H.
Skelton, John G.*	Terry, —,	Warren, D.
Smith, N. R. (H. F.)	Thweatt, J. J.*	Watson, Geo. (H. F.)
Smith, J. A.	Thompson, W. F.*	Watkins, F. B.
Smith, E. H.	Thornley, Charles,	Watkins, L. M.
Smith, D. J.	Thurston, Wm. S.	Washington, W.
Smith, John,	Trent, Wm. R.	Wellford, B. R.*
Smith, T. W.	Trent, Peterfield,*	Wellford, A. N.*
Smith, Magre,	Trent, Wm.*	Wellford, J. S.*
Snead, Albert,	Trent, John,	Wellford, Ro.
Snead, Q. A.	Trigg, Daniel,	Weisiger, W. R.
Snell, Bizer,	Trugien, J. W. H.	Webb, R. H.
Somerville, W.	Tucker, D. H.*	Whitmore, J. W.
Sutherland, A. B.	Tucker, A. B.	White, Thos. W.
Southall, P. F.	Tunstall, R. B.	Wilson, G. A.*
Spencer, P. C.	Turpin, Philip,	Wilson, W. E.*
Spencer, Jas.	Turner, —,	Wilson, W. W.
Spencer, Wm.	Twyman, J. L.	Wilson, J. W.
Spilter, A.	Tyner, —,	Williams, —,
Starke, M. R.	Upshur, G. L.*	Withers, Thos.
Stevens, A. H. (H. F.)	Urquhart, —,	Winfree, J. F.*
Stribbling, F. T.	Vaiden, J. C.*	Woodville, J. L.
Steel, David,*	Vaughn, E.	Wooldridge, T. J.*
Sturdevant, Chas.	Vaughan, W. R.	Wortham, A. G.*
Swoope, W. W.	Venable, P. C.	Worsham, H. C.*
Sylvester, R. W.	Venable, G. C.	Wright, Wm. F.
Tabb, J. P.*	Venable, Thomas,	Wyman, J. (H. F.)
Tabb, H. W.	Vest, R. S.	Yancey, T. J.
Taliaferro, W. D.	Waddill, J. A.	Yerby, G. T.*
Taliaferro, P. A.	Waddell, J. A.	Zehmur, C. G.
Taliaferro, R. M.	Waddell, A.	
Taliaferro, A.	Walke, J. R.	

(H. F.) signifies "Honorary Fellow."

On motion of Dr. HODDEY, the reporters of the city press were admitted to seats in the hall.

The committee on nominations reported twenty-three applicants, and on its recommendation they were elected fellows of the society.

Dr. GOODRIDGE A. WILSON offered the following resolutions, which he urged by an argument of great force:

1. *Resolved*, That the Medical Society of Virginia, in annual meeting convened, heartily approve the efforts heretofore made for the thorough and efficient organization of the profession, and we the members do pledge ourselves that these efforts shall not be relaxed until our society shall become what it was designed to be by its founders, to wit: a perfect and authoritative embodiment of the medical men of Virginia.

2. *Resolved*, That this society regards with unqualified approbation the efforts now being made for the establishment, by

law, of a State Board of Medical Examiners, and that we look confidently to this great measure as affording the only effectual safeguard to the people against the dangers of ignorance, and the only sure protector to the profession from still more humilia-
mility and degradation.

3. *Resolved*, That we, the members of this society, do pledge ourselves from this time forward to use unremitting diligence in behalf of this measure, and that our efforts shall never cease until they are crowned with complete success.

4. *Resolved*, That we approve in the main of the bill reported by the committee of the senate, as probably the best that can be done at present, but that it will be the aim and pleasure of the society, through its nominees for this board, constantly to increase the stringency of its provisions, and to elevate the standard of requirement.

5. *Resolved*, That this society takes a deep interest in the schools of Virginia, and in its opinion the establishment of a State Board of Medical Examiners would greatly promote the interests of our state medical schools, inasmuch as it would effectually protect them (in raising their standards of requirement for the doctorate) against the competition of foreign schools, and our young men would be educated within our own borders to meet the requirements of our board.

On motion of Dr. ATKINSON, the resolutions were put *seriatim*, and the 1st, 2d and 3d were unanimously adopted.

The 4th resolution was opposed by Dr. D. H. TUCKER at great length, and his effort was one of much credit to himself. He explained his position in opposition to the bill now before the senate.

Dr. T. P. ATKINSON suggested some modification of the resolution, with a view to satisfy all parties.

Dr. H. C. WORSHAM suggested a postponement of the discussion, and, on motion of Dr. GOOCH, the society adjourned till 5 o'clock P. M.

AFTERNOON SESSION.

The society was called to order by Dr. BEALE, 1st vice-president, at 5 o'clock P. M.

Dr. GOOCH being entitled to the floor, made an argument in favor of the resolution, and combating the doctrine of *free trade* in medicine. He supported the proposed organization of the board, and urged the supremacy of the State Medical Society in legislating for the best interests of the profession in the state.

Dr. ATKINSON of Pittsylvania, proposed as a substitute for Dr. WILSON's 4th resolution, the following:

Resolved, 4. That whilst this society approves the main features of the bill now before the senate of Virginia, providing for the appointment of a State Board of Medical Examiners, they respectfully suggest to the legislature the propriety of requiring, as a condition precedent to every examination, that the applicant shall have been graduated in medicine, or that he shall have attended two full courses of lectures in some respectable medical college, and that the examinations by the board shall be open to the presence of the medical faculty of the state.

Dr. W. D. HASKINS made a strong argument against this substitute, and reviewed the chief points of Dr. TUCKER's speech.

Dr. H. C. WORSHAM of Dinwiddie followed, in support of the series of resolutions, and moved the appointment of a committee of conference, to whom the subject of a licentiate board should be referred.

This motion was negatived.

After a running debate, in which Drs. LEE, MILLS, WORSHAM and others participated, the subject was laid on the table, on motion of Dr. ATKINSON, until after the annual address was delivered.

On motion of Dr. ASHBY of Culpeper, members were limited to fifteen minutes in speaking upon any question during the rest of the session.

Dr. ATKINSON moved that the society take a recess till 8½ o'clock ; P. M. which motion prevailed.

EVENING SESSION.

Dr. JAMES BEALE, first vice president, in the chair, introduced to a large auditory the president of the society, Dr. WELLFORD, who proceeded to deliver the annual address.

[This address was a most eloquent production, and occupied one hour and a half in its delivery. It has been published by the society, and is generally distributed among its members, or we should be tempted to give it in full to our readers despite its great length.]

On motion of Dr. HAXALL, it was

" *Resolved unanimously*, That the thanks of the society are hereby tendered to its worthy president, for the very admirable address which he has delivered before it to-night, and that a copy of it be requested for publication."

Dr. ATKINSON called up his resolution, which had been laid on the table at the close of the afternoon session. It being up for consideration, Dr. G. L. UPSHUR of Norfolk city moved, as an amendment to Dr. A.'s substitute, that after the word "Resolved" the following be substituted:

"That this society earnestly recommends to the legislature so to amend the 10th section of the bill "to regulate the practice of medicine, &c." as to exempt all applicants, who hold a diploma from any one of the regularly organized medical colleges of this state, from the payment of any fee: to be enforced for six years."

After some discussion, the amendment to the substitute was rejected.

Dr. UPSHUR then moved the following amendment, to be added to Dr. ATKINSON's substitute: "And that this society further recommends to the legislature so to amend the licentiate board bill, in its 4th section, as to require the board to assemble once only, instead of twice a year, viz: on the first Monday in October; and to hold its sessions for three years alternately in the city of Richmond and in some other town in the state."

This amendment was lost by a very large vote, as was also a motion made by Dr. MILLS, to make it read, "to meet each year alternately at Richmond and at some other place."

Dr. ATKINSON's resolution was adopted in lieu of No. 4 of Dr. WILSON's series, and the 5th resolution was adopted unanimously.

Dr. PEEBLES having left the city, Dr. G. L. UPSHUR was substituted in his place upon the committee to revise the constitution.

On motion of Dr. GOOCH, the reports of the standing committees were made the order of the day for to-morrow morning's session.

The society then adjourned till 10 o'clock to-morrow.

THURSDAY, APRIL 29.

The president, Dr. WELLFORD, in the chair.

Reports of committees being the order of the day, Dr. GEORGE F. TERRILL, chairman of the committee on botany, read a long and able report, which he explained by numerous drawings and well prepared specimens.

After some remarks from several gentlemen on the subject,

and complimentary of the report, the following resolution was offered by Dr. Cox of Henrico, and adopted:

Resolved, That a committee of three, of which Dr. RODDEY be chairman, be appointed by the president to preserve and arrange such specimens of plants and other articles of the vegetable kingdom as may be presented to the society, and which may be deemed by it worthy of preservation on account of their medicinal virtues.

Drs. RODDEY, BEALE and BOLTON were appointed the committee.

Dr. WM. A. PATTERSON presented and read a very interesting report from the committee on "*hygiene* and public health, and the topography and medical statistics of Virginia."

[We hope to be able to make room for this document at an early day.]

The other committees were called over, but they were excused from reporting, upon various grounds.

Dr. T. P. ATKINSON offered the following resolutions:

Resolved, That we pledge ourselves to give our hearty support to such of the medical schools of this commonwealth as shall co-operate with this society in carrying out the measures of reform adopted at its present session.

Resolved, That with a view of fostering the medical talent of the commonwealth, the trustees and faculties of our medical schools should, in making their appointments of professors, give the preference to well qualified physicians of our own state.

Resolved, That we recommend to the medical men of the state to take prompt and efficient action, by memorials to the legislature now in session and otherwise, to secure the passage of such legislative enactments as this society has, with entire unanimity, recommended.

Resolved, That a committee of five be appointed to address the medical men of the state, setting forth the nature of the measures of medical reform inculcated by this society, and to urge the importance of the efficient co-operation of all who feel an interest in the honor and prosperity of the profession.

Resolved, That a committee of five (of which the president of this society shall be the chairman) be appointed, whose duty it shall be to make such representations to the legislature as they may deem proper and expedient, as to the character of the reform sought to be accomplished by this society, and of its importance to the protection of the community and the improvement of the profession.

These resolutions were seconded by Dr. TUCKER, and urged by Drs. FISHER, BOLTON, PATTERSON of Chesterfield, and others, and were adopted unanimously.

Dr. HAXALL called for the reading of the resolutions offered by Dr. WILSON, and amended by Dr. ATKINSON on yesterday; and on his motion, they were reconsidered.

After some debate and personal explanation, the series, as adopted on yesterday, was readopted unanimously.

Dr. UPSHUR offered the following resolution, which was seconded by Dr. GOOCH, and adopted unanimously:

Resolved, That this society has learned with regret that the bill before the house of delegates, in reference to the registration of marriages, births, &c. has been seriously objected to, and recommitted to the committee for such amendment as is calculated to destroy the efficiency of the law, and render it wholly inoperative for good, both to the profession and the state at large—and this society earnestly recommends to the legislature the passage of the bill in the form in which it was originally presented for its consideration by the committee.

The society then took a recess till 4½ o'clock P. M.

AFTERNOON SESSION.

The society reassembled at 4½ o'clock P. M., Dr. WELLFORD in the chair.

Dr. F. W. RODDEY offered the following, which was unanimously adopted, after some debate as to *where* the address should be redelivered:

Resolved, That our president be requested to redeliver the address with which he favored the society last evening, before the legislature and citizens on some convenient occasion, and that a committee be appointed to obtain the hall of the house of delegates for that purpose.

DRS. RODDEY, PATRICK, MERRITT, CREIGH and TUCKER were appointed under this resolution. They subsequently reported that they had obtained the use of the hall of the house for the society.

[Dr. WELLFORD redelivered his address on the evening of Monday May 3rd, before a large and most intelligent audience.]

Dr. JNO. DOVE offered the following preamble and resolution:

Whereas the society has listened to and heard with decided approbation the report of the committee on "Botany," presented by its very zealous and industrious chairman, Dr. GEO. F. TERRILL, and have examined with pride and pleasure the specimens and engravings accompanying it, and for which we tender the committee our sincere thanks; and,

and complimentary of the report, the following resolution was offered by Dr. Cox of Henrico, and adopted:

Resolved, That a committee of three, of which Dr. RODDEY be chairman, be appointed by the president to preserve and arrange such specimens of plants and other articles of the vegetable kingdom as may be presented to the society, and which may be deemed by it worthy of preservation on account of their medicinal virtues.

Drs. RODDEY, BEALE and BOLTON were appointed the committee.

Dr. WM. A. PATTESON presented and read a very interesting report from the committee on "*hygiene* and public health, and the topography and medical statistics of Virginia."

[We hope to be able to make room for this document at an early day.]

The other committees were called over, but they were excused from reporting, upon various grounds.

Dr. T. P. ATKINSON offered the following resolutions:

Resolved, That we pledge ourselves to give our hearty support to such of the medical schools of this commonwealth as shall co-operate with this society in carrying out the measures of reform adopted at its present session.

Resolved, That with a view of fostering the medical talent of the commonwealth, the trustees and faculties of our medical schools should, in making their appointments of professors, give the preference to well qualified physicians of our own state.

Resolved, That we recommend to the medical men of the state to take prompt and efficient action, by memorials to the legislature now in session and otherwise, to secure the passage of such legislative enactments as this society has, with entire unanimity, recommended.

Resolved, That a committee of five be appointed to address the medical men of the state, setting forth the nature of the measures of medical reform inculcated by this society, and to urge the importance of the efficient co-operation of all who feel an interest in the honor and prosperity of the profession.

Resolved, That a committee of five (of which the president of this society shall be the chairman) be appointed, whose duty it shall be to make such representations to the legislature as they may deem proper and expedient, as to the character of the reform sought to be accomplished by this society, and of its importance to the protection of the community and the improvement of the profession.

These resolutions were seconded by Dr. TUCKER, and urged by Drs. FISHER, BOLTON, PATTESON of Chesterfield, and others, and were adopted unanimously.

Dr. HAXALL called for the reading of the resolutions offered by Dr. WILSON, and amended by Dr. ATKINSON on yesterday; and on his motion, they were reconsidered.

After some debate and personal explanation, the series, as adopted on yesterday, was readopted unanimously.

Dr. UPSHUR offered the following resolution, which was seconded by Dr. GOOCH, and adopted unanimously:

Resolved, That this society has learned with regret that the bill before the house of delegates, in reference to the registration of marriages, births, &c. has been seriously objected to, and recommitted to the committee for such amendment as is calculated to destroy the efficiency of the law, and render it wholly inoperative for good, both to the profession and the state at large—and this society earnestly recommends to the legislature the passage of the bill in the form in which it was originally presented for its consideration by the committee.

The society then took a recess till 4½ o'clock P. M.

AFTERNOON SESSION.

The society reassembled at 4½ o'clock P. M., Dr. WELLFORD in the chair.

Dr. F. W. RODDEY offered the following, which was unanimously adopted, after some debate as to *where* the address should be redelivered:

Resolved, That our president be requested to redeliver the address with which he favored the society last evening, before the legislature and citizens on some convenient occasion, and that a committee be appointed to obtain the hall of the house of delegates for that purpose.

DRS. RODDEY, PATRICK, MERRITT, CREIGH and TUCKER were appointed under this resolution. They subsequently reported that they had obtained the use of the hall of the house for the society.

[Dr. WELLFORD redelivered his address on the evening of Monday May 3rd, before a large and most intelligent audience.]

Dr. JNO. DOVE offered the following preamble and resolution:

Whereas the society has listened to and heard with decided approbation the report of the committee on "Botany," presented by its very zealous and industrious chairman, Dr. GEO. F. TERRILL, and have examined with pride and pleasure the specimens and engravings accompanying it, and for which we tender the committee our sincere thanks; and,

whereas these preparations and drawings were made at too great cost of time and labor to be lost for want of care and unskillful handling, and a simple annual report of them is too ephemeral for that practical utility which is contemplated to be derived from the continued efforts of the committee on botany; and, whereas a more extended knowledge of the medicinal virtues of our indigenous plants is very desirable:

Resolved, That the committee appointed as the recipient of specimens and drawings be enlarged to five, and that it be requested to report a plan in detail to the next annual meeting of the society, for the proper organization of an herbarium, in which to preserve said specimens, preparations and drawings.

After remarks from many gentlemen favorable to the building up in the city a permanent establishment for the medical men of the state, the preamble and resolution were unanimously adopted.

Dr. ATKINSON moved that the meetings of the society should not be confined to the city of Richmond; which was lost.

The society then took a recess until 8½ o'clock P. M.

EVENING SESSION.

The society reassembled at 8½ P. M., Dr. WELLFORD in the chair.

Several bills were ordered to be paid, and a number of fellows were elected upon the recommendation of the nominating committee.

Resolutions were adopted, empowering the secretary to draw on the treasurer for expenses incident to his office, and also for the cost of stamps and a press to put the seal on the diplomas and documents.

The committee on the constitution gave notice that it was ready to report in part.

Motions to recommit the subject till the next year's meeting, or to the meeting of to-morrow, which were debated fully but voted down by large majorities.

The report of the committee having been received, speeches were limited to five minutes, and to two on any one subject.

On Dr. SNEAD's motion, the constitution was then read and put section by section, and adopted as far as *article 7*, as hereafter published. (After some discussion, several slight amendments and alterations were made to the committee's report.)

A long debate sprung up on section 1, article 7, fixing the place of meetings, but it was finally adopted by a large majority.

The society then adjourned until 9½ o'clock A. M. to-morrow.

FRIDAY, APRIL 30, 1852.

The society was called to order at 10 o'clock. The president, Dr. WELLFORD, in the chair.

On motion of Dr. DEANE, sec. 1, art. 7 was reconsidered, and Dr. SNEAD moved that the article should read thus :

"The society shall be convened in the city of Richmond on the 1st Tuesday in April of each year, unless the society shall, by a majority vote, determine at any of its annual meetings to hold its succeeding session elsewhere."

Dr. HAXALL moved to amend the above, by inserting in place of "*by a majority vote*," the words "a vote of two-thirds."

This amendment to the substitute prevailed.

The substitute was rejected by a very large majority, after a long debate between many members.

During this discussion, Dr. PAYNE of Fauquier made a personal explanation in regard to what had fallen from some gentlemen who opposed the permanent establishment of this institution in the city of Richmond, and whose remarks might lead to the inference that there was a feeling of jealousy entertained by the physicians of the state towards their city brethren.

He did not think there were a dozen members from the counties who were afraid of any central influence. On the other hand, they were almost unanimous in favor of a permanent society, holding in the capital of the state a hall, with a library, museum, apparatus, &c. at the use at all times of its members.

On his motion, section 1, as reported, was then adopted with much unanimity.

Fifteen gentlemen were elected fellows of the society, on the recommendation of the nominating committee.

The consideration of the report on the constitution was then resumed, and the 4th sect. of art. vii was so amended as to make "40" a constitutional quorum, instead of *thirty*, as reported.

The clause providing for taking votes by counties was transferred from the by-laws to the constitution.

That instrument was then adopted as the organic law of the society, by an unanimous vote *save one*.

The by-laws were then adopted.

Dr. ATKINSON gave notice that at the next annual meeting he would move to alter the provision making the place of meeting permanent.

Dr. GOOCH moved the following resolution, which was unanimously adopted:

Resolved, That the executive committee be empowered to draw on the treasurer for such moneys as may be due for the settlement of the outstanding accounts, and for such as may arise until the next meeting—and also to transact all important or necessary business which may be left unfinished at the present meeting.

On motion of Dr. LEE, the society went into an election of officers.

Dr. LEE moved that a committee of five be appointed to nominate officers for the ensuing year.

After an animated discussion, this motion was negatived by a large vote.

The society then adjourned till 5 o'clock P. M.

AFTERNOON SESSION.

The president called the society to order at 5½ o'clock P. M.

The election of officers being in order, Dr. ATKINSON nominated for president Dr. R. W. HAXALL of Richmond.

Dr. H. declined the nomination, and nominated Dr. JAMES BEALE.

Dr. GIBSON nominated Dr. CARTER P. JOHNSON of Richmond.

The ballot having been taken, Drs. LEE and WILSON were requested to scrutinize it. They announced the result as follows: For Dr. Beale 59, Dr. Johnson 10, scattering 2.

Dr. JAMES BEALE of Richmond city was declared elected president of the society.

Dr. BEALE, on taking the chair, expressed in a few appropriate remarks, his sense of the distinguished honor which had been conferred upon him.

Drs. C. P. Johnson, O. A. Browne, C. B. Gibson, J. L. Cabell, J. P. Tabb, Thos. Creigh, T. P. Atkinson, G. L. Upshur, G. A. Wilson, C. W. Ashby and F. T. Stribling were

then severally placed in nomination, and after several ballots the following gentlemen were declared elected *Vice Presidents*:

1. Dr. C. P. JOHNSON of Richmond city.
2. Dr. THOS. CREIGH of Greenbrier.
3. Dr. JAMES L. CABELL of University of Virginia.
4. Dr. GEORGE LEE of Loudoun.
5. Dr. FRANCIS T. STRIBLING of Staunton.
6. Dr. T. P. ATKINSON of Pittsylvania.

The following gentlemen were then elected to the other offices of the society:

Dr. P. CLAIBORNE GOOCH—*Recording Secretary*.
 Dr. R. A. LEWIS—*Assistant* " "
 Dr. WM. D. HASKINS—*Corresponding Secretary*.
 Dr. F. W. RODDEY—*Assistant* " "
 Dr. JAMES BOLTON—*Treasurer*.
 Dr. WM. J. CLARK—*Librarian and Curator*.

Committee on Nominations.

Dr. W. D. HASKINS, *Chairman*; Drs. ROBT. W. HAXALL, SOCRATES MAUPIN, JNO. A. CUNNINGHAM, FRANCIS DEANE.

Committee of Publication.

Dr. P. CL. GOOCH, *Chairman*; Drs. JAMES BOLTON, CHAS. S. MILLS, GOODRIDGE A. WILSON, ARTHUR E. PETICOLAS.

The Executive Committee.

The OFFICERS of the society *ex-officio*, and the following elected members:

Drs. A. T. B. MERRITT, A. WORTHAM, SOCRATES MAUPIN, F. W. RODDEY, GOODRIDGE A. WILSON.

The following gentlemen were then elected *Honorary Fellows* of the society:

Nonresidents of Virginia.

Dr. LANDON C. RIVES of Cincinnati.
 Dr. JOSEPH LEIDY of Philadelphia.
 Dr. NATHAN'L CHAPMAN of Philadelphia.
 Dr. SAM'L H. DICKSON of Charleston, S. C.

Residents of Virginia.

Dr. BEVERLEY R. WELLFORD of Fredericksburg.
 Dr. ROBERT W. HAXALL of Richmond.

The following resolutions were then moved and adopted :

By Dr. JOHN DOVE—That the committee on the herbarium be empowered and requested to preserve and classify such specimens of pathological or morbid anatomy as may be presented to them; and that in connection with their report of a plan of an herbarium, they be requested to draft the plan for a suitable cabinet of said specimens.

By Dr. MINOR—That the Medical society of Virginia, and particularly those fellows resident in and near Richmond, do return to Mr. GABRIEL RALSTON, the librarian of the Richmond library association, their grateful acknowledgments for having so kindly and so long ministered to their comfort and pleasure during the period in which the society met in the rooms of the library association.

By Dr. FISHER—That the thanks of the society are due and are hereby unanimously tendered to Dr. BEVERLEY R. WELLFORD, for the able and dignified manner in which he has discharged the duties of president.

And further, That the thanks of the society are hereby tendered to the secretary and other officers for the faithful, energetic and courteous manner in which their very responsible and laborious duties have been executed.

By Dr. MERRITT—That the corresponding secretary do request each fellow of the society to transmit to the committee on the herbarium such specimens of anatomy as he may have at his disposal.

By Dr. G. A. WILSON—That the thanks of the society are hereby tendered to the Committee on the Athenæum, for the use of their very comfortable and commodious hall during its sessions.

By Dr. MERRITT—That the thanks of the society are due to the "*Richmond Daily Dispatch*," for the fair, candid and laud report of its deliberations published in that paper.

By Dr. GOOCH—That the committee on publication be instructed to have the constitution, roll of members and minutes of the present meeting published for the use of the members of the society.

By Dr. MERRITT—*Resolved*, 1. That we have heard with the deepest pain and regret of the death of our late fellow member Dr. WILLIAM DURKIN, of Petersburg, who by his high professional attainments, gentle, frank, courteous and manly deportment, high moral character and social qualities, had obtained and was enjoying our warmest confidence and esteem.

Resolved, 2. That we hereby tender to the family and friends of the deceased fellow, our sincere condolence and sympathy.

Resolved, 3d. That the corresponding secretary of the society be instructed to forward a copy of these resolutions to the family of the late Dr. DURKIN.

By Dr. CLARK—That the standing committees of last year be continued, and that the reports which have been read or presented be recommitted for more extended action on their subjects.

On motion, the following gentlemen were appointed chairmen of committees of five, (their colleagues to be selected by themselves,) to report at the next meeting on the following subjects:

On Congestive Fever—Dr. O. A. BROWNE of Greenville.

On Typhoid Fever—Dr. CHARLES MINOR of Albemarle.

On the Topography, Climate and Vital Statistics of Piedmont Virginia—Dr. GEORGE LEE of Loudoun.

Several bills were ordered to be paid.

The treasurer's report was read and received, and the following resolution appended to the report was adopted:

Resolved, That the annual assessment on each fellow for the present fiscal year be *one dollar*.

The report from the librarian and curator was read and received.

On motion of Dr. GOOCH, the executive committee was empowered to call a meeting of the society whenever it may become necessary for the nomination of a board of medical examiners, or for other important business.

On motion of Dr. A. SNEAD, the society then adjourned till the first Tuesday in April 1853, unless legally called together again.

The chair briefly remarked upon the nature of the meeting, and pronounced the society adjourned.

The Preamble and Constitution of the Medical Society of Virginia.

The objects contemplated by the MEDICAL SOCIETY OF VIRGINIA are—the collection, diffusion, interchange, preservation and general advancement of medical knowledge throughout the state.

It contemplates under its organization the enlistment, in the common cause of the prosecution of these objects, all the medical men of the commonwealth who are duly qualified by

scientific attainment and moral standing, and who acknowledge fealty to the code of ethics adopted for the best interests and the good government of the profession.

Its fellows are amenable to its laws and edicts during their voluntary connection with it.

The constitution embraces the qualifications, election and duties of fellowship, the election or appointment and duties of officers and committees, and provides for its own amendment whenever the necessity and propriety of amending it shall be sufficiently obvious.

The following are its provisions :

ARTICLE I.

OF ADMISSION TO FELLOWSHIP.

Sec. 1. Every candidate for fellowship shall make application to the committee on nominations: such application to be presented and endorsed by a fellow having a competent knowledge of the applicant. If this committee shall report favorably thereon to the society the candidate shall be balloted for, and the approving votes of three-fourths of the fellows present shall be necessary to his admission.

Sec. 2. No person shall be eligible to fellowship who does not reside within the limits of the commonwealth, and who has not received a diploma or certificate, evidencing his qualification to practice medicine and surgery, from some public school, college or university, legally authorized to confer the degree of doctor or bachelor of medicine and surgery.

ARTICLE II.

OF HONORARY FELLOWSHIP.

Sec. 1. Honorary Fellowship shall only be conferred on distinguished medical characters residing beyond the limits of the commonwealth of Virginia, on presidents of the society who shall have discharged their official duties with fidelity and attention, and on fellows of five years standing who shall have rendered eminent services to the society.

Sec. 2. The election of Honorary Fellows shall only be made at the annual meetings of the society, and not more than four beyond and four within the limits of the state shall be elected in any one year.

Sec. 3. All Honorary Fellows shall be elected by ballot, and the concurring votes of four-fifths shall be necessary to an election.

Sec. 4. Honorary fellows shall be exempted from the payment of all pecuniary contributions to the society, and shall be entitled to all the privileges of fellows, except that the non-residents shall not be entitled to vote on business matters.

ARTICLE III.

OF THE DUTIES OF FELLOWS.

Sec. 1. All the fellows of the society (honorary excepted) shall, at the time of their admission, pay an initiation fee of two dollars, and shall also pay such annual contribution as may be prescribed from time to time by the by-laws. Said contribution to fall due at the annual meeting.

Sec. 2. It shall be the duty of each fellow presenting a communication to the society to deliver a copy of the same to the secretary, to be by him handed to the librarian, unless otherwise ordered.

ARTICLE IV.

OF RESIGNATION OF FELLOWSHIP.

Any fellow wishing to withdraw from the society shall be permitted to do so on his written request, after he shall have presented the treasurer's receipt for all moneys due.

ARTICLE V.

OF CERTIFICATE OF FELLOWSHIP.

Sec. 1. Every fellow who shall have complied with section 1 of article iii, and who is not under censure, shall be furnished with a certificate of fellowship, upon his application therefor, by the secretary of the society, for which he shall pay the sum of one dollar.

Sec. 2. The following shall be the form of the certificate:

MEDICAL SOCIETY OF VIRGINIA.

[Incorporated by Act of Assembly January 2, 1824.]

KNOW ALL MEN BY THESE PRESENTS, That
*was duly elected a Fellow of the Medical Society of Virginia:
and that he is entitled to all the immunities, privileges and honors
guaranteed by the charter, constitution and laws of the Society:*

irrevocable except by due action of the body, as specified and provided for by the said constitution and laws.

In testimony of the above, *The signatures of the President and Recording Secretary, together with the*
 { [SEAL.] } GREAT SEAL *of the Society, are hereto affixed.*
Done at the hall, of the Society, at Richmond, on
the day of in the year of our
Lord and of the Society

———, PRESIDENT.

———, RECORDING SECRETARY.

ARTICLE VI.

OF FORFEITURE OF FELLOWSHIP OR OTHER CENSURE.

Sec. 1. Any fellow who shall be guilty of gross misconduct, either as a fellow or citizen, or who shall be palpably negligent of his duty, shall be liable to expulsion, or such other censure as the society may approve.

Sec. 2. But no judgment of expulsion, suspension or other censure shall be passed upon any fellow unless he shall have been given two months' notice through the executive committee, and received a fair trial before the society. And no fellow shall be expelled except by the votes of three-fourths of those present. And should such fellow come forward within the twelve months succeeding his expulsion, and offer a satisfactory explanation, he may be reinstated without expense, provided three-fourths of those present concur.

Sec. 3. Any fellow who may be expelled, shall, if he have in his possession the diploma of the society, return the same to the secretary, and upon failure to do so within six months after such expulsion, it shall be the duty of the secretary (due notice being given) to publish in some prominent newspaper of the state that such fellow had been expelled from the medical society of Virginia.

ARTICLE VII.

OF THE MEETINGS OF THE SOCIETY.

Sec. 1. The society shall be convened, in the city of Richmond, on the first Tuesday in April, and at such other times as it may be adjourned to at the regular annual meetings.

Sec. 2. Special or intermediate meetings may be held by resolution of the society at its stated meetings, or by the re-

quest of three fellows residing in different counties with the concurrence of the executive committee. An advertisement in two prominent newspapers of the state shall be made for two months by the executive committee, and it shall be stated in such advertisement what is the object of such called meeting.

Sec. 3. No business affecting the constitution or its requisitions shall be transacted at a called meeting.

Sec. 4. Forty fellows shall constitute a quorum for the transaction of all business to which the society is competent.

ARTICLE VIII.

OF OFFICERS AND COMMITTEES, AND THEIR ELECTION.

Sec. 1. The officers of the society shall consist of a president, six vice presidents, a secretary and an assistant, a corresponding secretary and an assistant, a treasurer, a librarian and curator, a committee on nominations, to consist of five members, a committee of publication to consist of five members, of whom the recording secretary and treasurer shall be two, a local executive committee, of which the aforementioned officers of the society shall be *ex officio* members, and in addition to these five elected fellows of the society, a board of medical examiners for the state, to consist of eleven nominees. Said officers to be chosen by ballot at each annual meeting, and shall continue in office for twelve months, or until successors are appointed, except the board of medical examiners, which shall be reconstituted as often as required by law.

Sec. 2. In conducting any election of officers, should more than two candidates be balloted for for any office, the one having the smallest number of votes on the second or any subsequent ballot shall be dropped.

Sec. 3. In all cases of election, the suffrages of a majority of the fellows present shall be necessary to constitute an election.

ARTICLE IX.

OF THE DUTIES OF OFFICERS AND COMMITTEES.

Sec. 1. It shall be the duty of the *president* to preside at all meetings of the society, to preserve order and regulate the proceedings according to the most approved parliamentary rules. The president shall appoint all special committees unless otherwise ordered.

Sec. 2. In the absence of the president, a *vice president*, according to seniority of fellowship, shall perform all the duties appertaining to the chair. But when there is no vice president present, the society shall select a presiding officer *pro tempore*.

Sec. 3. The *recording secretary* shall keep a correct list of all the fellows, arranged in the order of their admission. He shall keep accurate minutes of the proceedings of the society, including the names of fellows present, and from time to time transcribe them into the record book, in a fair and legible hand. Such papers of the society as are not necessarily recorded, he shall preserve in distinct and regular files, holding them always accessible to inspection. Whenever any special committee is appointed, the recording secretary shall furnish the chairman with a copy of the minute of appointment, together with any documents that may be essentially connected with the duties of the committee, or that the chairman may require of him.

Sec. 4. The *assistant secretary* shall aid the recording secretary in the discharge of the duties devolving on him, and act in his place in case of his absence.

Sec. 5. The *corresponding secretary* shall notify all fellows and officers of their election; he shall write and answer letters in behalf of the society, and in general manage the distant correspondence as particular exigencies or the resolutions of the society may require. He shall read to the society all communications and answers which he may have received or made during each preceding recess, and then deliver them to the recording secretary or the librarian, according to their character. He shall also conduct the correspondence of the executive committee.

Sec. 6. The *assistant corresponding secretary* shall aid in the performance of the duty devolving on the corresponding secretary, and shall act in his place in his absence.

Sec. 7. The *treasurer* shall receive all moneys arising from the admission and contribution of fellows, and shall pay the same agreeably to the orders of the society certified to by the presiding officer. He may employ agents, prosecute and defend suits, secure counsel by order of the society, or, in the interim, by order of the executive committee. He shall keep regular accounts with the society, and between the society and the fellows thereof; and immediately preceding each annual election, or oftener if required by the society, he shall render detailed statements of the business of his department, and shall deliver up to his successor the books, papers, money, or other property of the society remaining in his hands. For the faith-

ful performance of his duties, the treasurer, before entering thereon, shall execute bond with security to the executive committee, for double the amount with which they or any two of them shall judge he may probably become entrusted during his continuance in office.

Sec. 8. The librarian and curator shall execute a bond with security, satisfactory to the executive committee, for the faithful discharge of his duties, which shall be as follow: To take an inventory, on assuming his office, of all the books, preparations and apparatus, and other property about the hall and rooms of the society, and to take especial care of them by such regulations as he may from time to time make, with the assent of the society or the executive committee. By resolution the duties of this officer may be increased, and he may be compensated for the services of himself and agents as may be deemed necessary by the society or executive committee.

Sec. 9. The nominating committee shall receive the voluntary applications of all persons desiring to join this body, who are eligible under the provisions of sec. 2 of art. i of this constitution, and shall determine in meetings upon their character as citizens and physicians, and upon their qualifications and fitness for fellowship. If they are judged worthy of nomination by four members of the committee, their nomination to the society shall be made by a report of the committee at any stage of a meeting. This report shall be in writing, signed by four members of the committee, and shall set forth in columns:—(a) the name and titles in full of the applicant; (b) his post office and the county in which he resides; (c) the date and name of the certificate under which he is entitled to fellowship; and (d) the name of one fellow by whom he is endorsed. Reports from this committee shall be read by a member of it, and handed to the society always as soon as they are prepared.

Sec. 10. The committee of publication shall execute the duties prescribed from time to time by resolutions and by-laws, and shall supervise the publication of the regular volumes of Transactions and such other matter as may be directed. They shall dispose of the printed matter as ordered by the society. This committee shall carefully preserve from injury, and return to the archives after use, all documents and papers of any value.

Sec. 11. The executive committee shall have authority to take such action as it may deem expedient on all subjects of importance to the interest and objects of the society during its recess, not incompatible with its charter, constitution and laws. It shall call extra meetings in accordance with provisions of art. vii. sec. 2, and publish notices of such as are re-

quired. It shall hold the bonds of officers and agents, and advise them. It shall supervise and govern the hall, library and other property of the society. It shall fill vacancies occurring during the interim of important and necessary offices, make all necessary arrangements for the meetings and preparation for the despatch of business, and take such steps in the name of the society as may be deemed of absolute necessity for its best interests. It shall make a written and detailed statement, in the form of an official report, to each regular meeting, of its acts during the recess.

Sec. 12. The nominees for the state board of medical examiners shall obey the instructions of this society, so far as they are compatible with the requisitions of their oaths. They shall report annually the numbers of applicants for, and of those who pass their examinations, and give a fair specimen of the character of their evidences required, and such remarks on the existing state of medical education as they may deem useful in their annual reports.

Sec. 13. Delegates to the National Association or to other bodies, shall, at the next succeeding meeting after their appointment, make a report of the success, &c. of their mission; and they shall obey any instructions given to them by the society.

Sec. 14. Special committees on any subject raised by vote shall act under instructions or not, but they are not to have power to supersede the constitutional provisions.

ARTICLE X.

OF THE MANNER OF VOTING.

Upon the requisition of any twelve fellows, the vote may be taken as follows: The roll of fellows from each county or town shall be called, and the votes of those present shall each count as the fraction of the whole number of fellows resident in said county.

ARTICLE XI.

OF AMENDING THE CONSTITUTION.

This constitution may be amended *at any regular meeting* by four-fifths of the votes taken on such proposition, or if notice of the amendment asked be advertised through the executive committee three months previous to a vote on it, a two-thirds vote in its favor may adopt it.

BY-LAWS.

SEC. I. The meetings of the society shall be called to order by the presiding officer, at the hour advertised in their announcement by the executive committee. The order of proceedings shall be as follows, after the reading of the minutes of the preceding meeting :

1. Reading of roll by secretary and recording names of those present.
2. The annual reports of officers and committees shall be called up in the order of their appointment.
3. The election of officers and constitutional committees.
4. Annual and special committees shall report in the order of their appointment, and their reports shall be disposed of.
5. Voluntary scientific papers, contributions and reports shall then be called for, and discussed and disposed of in such manner as may be voted.
6. The annual assessment shall then be laid by resolution.

SEC. II. In conducting its meetings and proceedings, the society and its officers shall be governed by the usual parliamentary rules, so far as not interfered with by the constitution or resolves of this society ; but the following provisions shall be observed, viz :

1. Only two speeches shall be made by the same fellow on the same subject, unless by general consent.
2. On ordinary questions the sense of the society shall be taken by ayes and noes, or *viva voce*, or by county votes, as prescribed in article xi of the constitution.

SEC. III. These by-laws may be suspended or amended during the whole or a part of any meeting, by a majority vote ; but for their permanent alteration, the affirmative votes of three-fourths of the fellows present shall be required.

At a late meeting of the *executive committee*, one thousand copies of the president's address and of the constitution, and five hundred copies of the minutes of this meeting, were ordered to be printed.

Those fellows who may not be furnished with copies will please forward their addresses to the corresponding secretary.

The Solubility of Lead in the Stomach.

WESTON, April 28, 1852.

MR. EDITOR—I see from a marginal note upon the 190th page of the April No. of the “Stethoscope,” that you consider metallic lead insoluble in the juices of the intestinal canal.

Now, I am aware that it is thought to be so by many who have written upon the subject, and that the result of some experiments performed upon dogs at the veterinary school of Lyons, goes far to prove that the metal is not poisonous to *them*, at least under ordinary circumstances; but yet I think that there is pretty conclusive proof that metallic lead has produced some unquestionable cases of *colica pictionum*. Christison, in his work on poisons, page 435, says, “It would even appear that metallic lead may have the same effect when taken internally. Thus, Dr. Ruva of Cilavegno, has related the case of a man who was violently attacked with the colic form of the effects of lead, after taking six ounces of shot, by direction of a quack, for the cure of dyspepsia, and was seized again with the same symptoms six days afterwards, on taking four ounces more. On the second occasion he had violent colic, great feebleness of the limbs, constant vomiting of anything he swallowed, severe headache, and other analogous symptoms, of which he was not effectually cured for seven weeks. A case somewhat similar, but less severe, has been described by Dr. Bruce.

And why should it not produce *colica pectonum*, if retained for a considerable length of time in the stomach? The gastric juice contains muriatic and acetic acid, even in health, and in certain abnormal conditions, which are very common, the acidity is very great. Now both these acids act upon lead, according to Christison, with sufficient activity to dissolve it. Moreover, there are frequently other acids in the stomach, such as the malic, tartaric, &c., which are known to act with facility. The solution of the metal being effected, it is certain that it would be poisonous. This is a subject upon which much might be said, but as it is one of much less importance than many others which must occupy your attention, I will say nothing more.

Yours, &c.,

J. M. HAMILTON, M. D.

A Case of Fracture of the Os Femoris by Gunshot.

BY C. R. HARRIS, M. D., MT. SOLON, AUGUSTA, VA.

May 19th, 1849—Called in great haste to see Mr. W. C., aged 30, who had accidentally received a wound from a large rifle ball in the hands of a neighbor whilst exhibiting the gun in a crowd at a regimental muster. This case is the more interesting, from the fact of the final recovery of the patient with a very slight deformity of the limb, and which, from the authority and experience of all surgeons, is a very rare termination.

I have found no case on record where the patient has recovered from a compound fracture of the femur by a gunshot above the middle of the bone or near the superior extremity.

The ball entered a short distance above the insertion of the glutei muscles, and going at an angle of 35° , lodged or buried itself in the bone, where it remained, the fracture occurring about two and a half inches below the neck.

The patient being at a distance of six miles from home when the accident occurred, was carried to his residence on a litter by his neighbors previous to a permanent adjustment of the fracture. Before removing him, cold water dressings were applied, the limb surrounded by a strong roller, to prevent undue contraction of the muscles, pain and further displacement.

On the morning of the 20th, assisted by my friend, Dr. Wm. R. Blair, we proceeded to adjust the fracture permanently. The patient had rested well the night previous under the use of the cold water dressings and a little wine and water occasionally administered. Slight venous hemorrhage during the night. Reaction induced during the night, and the patient expressed himself as feeling pretty well previous to commencing the operation. The apparatus of Dessault, as modified by Dr. Physic, was applied. The patient complained of great pain, but bore the operation well, and afterwards expressed himself as feeling quite comfortable.

21st. Patient complained of some uneasiness about the wound, with slight febrile excitement; cold water dressings continued, which had been freely applied since the occurrence.

22d. Considerable fever; pulse 110, corded and full; pain and heat of limbs increased; vs. 40 $\frac{3}{4}$, Ep. salts and super. tartrate potassa; bowels freely opened during the day.

23d. Slight fever; heat diminished; very little pain; cold water frequently applied; solution tartar emetic every four hours.

24th. Patient easy ; no fever ; slight heat of the limb ; swelling diminished ; no change in treatment ; barley water acidulated allowed.

25th. Suppuration commencing ; patient easy.

26th. No change ; rice allowed.

27th. Wound discharging more freely ; tea and toast.

28th. Slight rigors ; little or no fever.

29th. Wound discharging freely ; chicken soup allowed.

30th. No change ; diet more liberal.

July 4th. Up to date there was no change in the case, with the exception of an increased discharge of pus, with two or three spiculæ of bone.

July 5th. Patient complains of great prostration. Liberal diet ; quinia and port wine allowed every four or five hours.

The patient had to contend with the dry and excessively hot summer, which added greatly to his uneasiness during his confinement in the months of June and July.

July 16th. Dressing removed in the presence of Mr. R. and Dr. Robertson. Fracture permanently united ; the limb shortened only three-quarters of an inch ; the ring of primary callus giving the limb a deformed appearance ; but now there is no evidence of deformity.

The patient is a hard laborer. The ensuing harvest after the injury, he himself cut thirty acres of wheat and rye, (his own crop,) and by increasing the height of the heel of one shoe slightly, you can scarcely perceive any unnatural movement in his walk.

A fracture of the thigh by gunshot wound is viewed by all surgeons as almost necessarily fatal, more particularly by those of the army, whose opportunities have been greater for witnessing the chances for recovery. I have never read of the recovery of a patient from fracture of the bone by gunshot wound without amputation.

The case, as detailed, presents nothing new or novel in its treatment, but shews most conclusively to what extent the recuperative energies in a good constitution will go to repair an injury, and which must necessarily increase the confidence of the profession in the recovery of the most hopeless case, with the aid of science going hand in hand with the *vis medicatrix naturæ*.

EDITORIAL AND MISCELLANEOUS.

The issue of the present number has been delayed on account of the numerous and laborious duties which have fallen upon us during the past month. Our patrons will readily understand the necessity of excluding the usual amount of original and miscellaneous matter in order to make room for the proceedings of the important medical meetings recently held in our city. These we publish in full because we desire to make the *Stethoscope* a reliable work of reference for the future. Though these proceedings may be uninteresting to some, we have reason to believe that they are acceptable matter to a large majority of those who take an interest in what is going on relating to the profession.

The recent meetings here, though they were pleasant and profitable, entailed upon us an amount of labor and trouble which has rendered it impossible to make any comments upon their transactions in the present number, and we find it necessary to defer a budget of valuable contributions which have been on file for some time past.

In our next issue, which we hope will be forthcoming in good time, we expect to clear the docket before us, and to make a brief notice of the men and measures of the late meetings.

L'Union Medicale de la Louisianne.

This is the title of a monthly medical journal published at New Orleans, for \$4 per annum. It is edited by Drs. DELERY and MARTIN, and will prove a valuable addition to our medical literature. Apart from its intrinsic merits, we commend it to our brethren who read the French language, as a valuable and cheap adjuvant to them in keeping up their knowledge of French as well as at the same time imparting to them valuable information. We hope to make frequent translations from it, and welcome it to our table.

The Virginia Colonizationist.

We have received the first three numbers of the "Virginia Colonizationist," a monthly paper devoted, as its name imports, to the cause of colonization in Liberia of the free colored persons of Virginia, and to the cause of colonization generally. It is neatly printed on substantial paper, and though small in dimensions, will, we have no doubt, (under the able management of its distinguished editor, the Rev. Philip Slaughter,) do good service in the noble cause it advocates. It has peculiar claims upon the people of Virginia, as being the only paper devoted to this cause which is published among us. It is true to the cause of slavery, and will be found upon examination to be acceptable to the warmest friends of that institution. We extend to its editor our cheerful salutations and our hearty "*God speed.*"

We have placed upon our table the Catalogue and Circular of the Medical College of the state of South Carolina, which exhibits this institution in a very prosperous condition—the class, the past year, numbering two hundred and thirty-two students, and one hundred and three graduates.

We were pleased to notice the state of preparatory education and the literary opportunities of the graduates—a large number being graduates of literary institutions, and with the exception of a few, having enjoyed the advantages of a classical education.

We also perceive that Professor Agassiz is associated with the college, having been elected a professor of the same, and that his highly valuable lectures on Comparative Anatomy will be continued the next season without any additional expense to the student.

In addition to the above, our table is covered with various descriptions of publications, all of which shall be attended to.

Vaccine Virus.

We are frequently applied to for vaccine virus from various parts of the state, and, when able, it gives us the greatest pleasure to accommodate our friends. This, however, is not always in our power, nor is it by any means in our line of business. We edit the Stethoscope, and have enough to attend to in doing that. We are not vaccine agent. There is an agent in Richmond whose business it is to attend to the wants of the whole state of Virginia. Dr. A. E. Peticolas is this agent, and is always prepared for *reasonable* demands on his office. But while he is willing and anxious to discharge the requirements of his contract, in so far as circumstances will permit, yet it is to be held in mind that many difficulties necessarily present themselves, growing out of the nature of the matter with which he has to deal; and therefore, when applicants prepare *unreasonable* orders, they should not be astonished or displeased at his *non-compliance* with their wishes. For instance, he not unfrequently receives such missives as the following:

“DEAR SIR—Please send *enough* vaccine matter to vaccinate the people of _____ and the surrounding country!

Yours, &c. _____”

Or,

“Dr. Peticolas will oblige, by forwarding *five or six scabs* immediately to _____”

Or again,

“There is an alarm of smallpox among us, and you will be so good as to send a *supply* of vaccine matter, to be distributed through our county. _____”

The above are picked specimens, but convey a tolerably fair notion of what people do ask of vaccine agents. Such things come to hand constantly, and not one at a time, but whole shoals of them. Now, we leave it to any sensible man, not to say doctor, if anything *human* can be required to fill such orders? Good vaccine matter is always difficult to procure in any quantity. Vaccine virus does *not* grow on trees! There is no *manufactory* of vaccine virus in Richmond, nor can it be *picked up* in the streets of our city as gold dust in San Francisco. Nor, further, does it require quite a *whole scab* to

effect a *single* vaccination! We do not suppose for a moment that any of sufficient hardihood can be found to contest these assertions. Yet gentlemen frequently write as though the above were the facts of the case, and growl most audibly if their wishes are not speedily heeded.

To detail an account of the vaccine disease, and give the sources from which we obtain the virus, would be a work of supererogation, since every educated physician is acquainted with its history, although in the multitude of their business avocations they sometimes *forget*. But there are points to which it is desirable to call attention.

Vaccine matter is a *destructible* material. It cannot be kept, with the utmost care, so as to be reliable, for much more than *six weeks*, and cannot be *guaranteed* as good even then. Vaccinations are seldom made in any part of our state, except under fear of actual contagion. Now, mark how these conditions work together. There is an alarm of smallpox, say in Amherst or Nelson, in Brunswick or Prince Edward, or anywhere else you please, (such a thing does not occur in the same place once in several years,) so there are hundreds of subjects in the neighborhood ripe for infection. The inhabitants know this. They grow fairly frantic with fear. They run to the doctors and post masters, and these latter write to the vaccine agent. What is the situation of the agent? Why, the possibility and the probability is, that he has not had a similar application within two months. Perhaps two months before he had, in anticipation of an event like this, procured a fresh supply. But what is that worth now? He has, most likely, from time to time vaccinated such healthy subjects as could be found in the city, and has collected the contributions of his city friends, so as to have some small quantity on which to place reliance. This quantity, however, must of necessity be *small*, let the exertions to get it be ever so zealous. Subjects are not to be found whenever you want them. Half a dozen good scabs generally constitute the store in hand, (just enough to fill a single order!) But, like the five loaves and two small fishes, what are these among so many? The only thing which remains is to send to the North—to Philadelphia, New York, or some other large city—and trust to *chance* for procuring good and genuine matter. This takes time, a day or so at the least, granting the order to be instantly attended to. Days are precious things when smallpox is in our neighbor's house. There remains no opportunity for *testing* this matter (which would take *eight days* more) when it reaches Richmond, since a whole tornado of earnest entreaties, desires, requests and demands (some far from po-

lite) have, in the mean time, been hurled at the head of the besieged agent. The matter is obliged to be instantly forwarded without further examination—if for nothing else, to stop the ravages of fear, which are sometimes as bad as variola itself. What is the consequence? Why, just what might be anticipated.

Some portion of the virus, with every precaution to prevent, which in all likelihood was good enough when it started from Philadelphia, is *good for nothing* when it reaches its destination. Vaccinations are made, and fail; the disease spreads, and valuable lives are lost, while the vaccine agent at Richmond, or the vaccine agent at Lewisburg, as the case may be, gets the blame. Anathemas are poured on their *caputs* as though theirs was the guilt, when in truth they have done all which the circumstances would permit.

“There must ~~be~~ something wrong somewhere. Here is an object for *reform*,” says some sleek-faced, round-paunched Pharisee. “Humph! There might as well be no vaccine agent, if things are to go on in this way. Curse it! didn’t I send for fresh and genuine virus, and havn’t I waited three times the period necessary for the transmission of my order—and what’s the result? Here I get a little piece of matter no bigger than a pin’s head, instead of five or six fine scabs for which I wrote; and when ’tis got what’s it worth? not a cent! Humph! This vaccine agent is a scoundrel, an infernal scoundrel! This should be looked into. The rascal is fattening on the state’s funds, while his betters are dying of smallpox. Humph!” * * * *

My dear sir, there *is* something radically *wrong* here, and there is certainly room for *reform*. And the *wrong*, sir, lies between you and your professional brethren throughout the state. *Yours* is the fault that these half dozen respectable citizens have lost their lives with a loathsome disease! *You* are to blame if this mother is robbed of her children! *You* it is who has caused this beautiful girl to be shorn of her charms! Why did you not vaccinate each of these as soon after birth as possible? Why did you not revaccinate the others within the average appointed time? Why did you wait five, ten, fifteen or more years, before doing what should have been done at three months? Why did you rest quietly with your hands in your pockets, until the monster was fairly *in* the house, before attempt was made to close the entrance? Answer these questions if you can, and let the medical profession throughout the land reply to the same. And when *they* have succeeded in explaining why *they* have failed in what was easy, proper, possible, and their bounden duty to per-

form as curators of the public health, then they may make longwinded speeches about *reform*; then, and not till then, can they conscientiously call to account the vaccine agents for doing what no one has a right to expect they should do, for the very simple reason that it is *impossible*.

The whole difficulty lies with the profession at large, and in the imperfect, improper, irrational idea they seem to have formed of the duties of the vaccine agents, and in their palpable neglect of their own business.

We care not what the law on this subject prescribes. The law cannot change the order of natural phenomena. No law can undertake to compel two individuals to remedy the difficulties and dangers brought to bear on the community by the folly of two thousand practising physicians. Or if such be the law, it is a most sickening, silly law, and could only have been made by fools. If physicians, in whose practice each month brings some rosy, healthy little infant into the world, a fit subject on which to propagate the vaccine disease, cannot circulate and interchange enough matter to supply the wants of the small communities with which they come in contact, do they suppose that two persons, with probably as limited resources as themselves, can undertake at a moment's warning to furnish the whole state?

Is not the idea preposterous in the extreme? If doctors, when they get really good matter from the agent, allow fine, fresh, healthy scabs to drop from the arms and be lost, or if they do collect, lock them in an old drawer to dry and become worthless, instead of passing from hand to hand for further propagation, or forwarding to the vaccine agents, who repeatedly request it of them—we say, if they neglect these easy and naturally called for professional duties, how can they ever expect to have all their unreasonable orders and demands instantly complied with? They may request and expect—they may curse and they may swear—but my life on't, gentlemen, your expectations will be “nipped i' the bud,” and your curses are as worthless as chaff, besides being unjustly bestowed.

The vaccine agent can't make fresh scabs to order, and barrel up kegs full for exportation as they do nails at a foundry. He is not a machine like a patent revolving printing press, to turn off so many copies of fresh, genuine vaccine crust per hour; but he has to get virus just as you get it, by the vaccination of healthy subjects, when he can procure them, waiting his twenty days for the maturation of a scab, or by getting it from those who have done the same: with this material difference, that when *he* sends North for matter

he pays from one and a half to two, and sometimes three *dollars* for *each* crust out of his own pocket, while *you* only have to pay the postage on your letters. 'True, he has five hundred dollars per annum from the state. But what of that? If through your neglect there is a sudden outbreak and alarm of smallpox, he may in six months have to expend one-third, one-half, or his whole salary in order to repair your derelictions of duty—keeping as reward, all the trouble and all the ill will.

Now, Messieurs les Docteurs, here is a plain statement. We ask you in all candor ain't you sometimes a most unreasonable set of men? Is the vaccine agency a sinecure? And do you feel it a great shame when fifty or sixty of you can't get five or six scabs all on the same day? And when you *do* get a nice little bit about as big as a *rather small picce of chalk*, done up neatly in tin foil, are you going to rave because it *won't take*?

Be *reasonable*, gentlemen. Do your duty, and the vaccine agent will endeavor to do his. Our services are always at the command of our brethren, but we hope they will see that we cannot comply with unreasonable requests.

Buckingham Medical Society.

A meeting of the physicians of Buckingham county was called at the courthouse on Monday, the 12th day of April, for the purpose of organizing a County Medical Society; whereupon, the following gentlemen enrolled their names as members:

Drs. James Austin, W. P. Moseley, W. M. Swoope, W. J. Eppes, W. P. Hall, C. F. Moseley, C. E. Davidson, W. E. Osborne, A. Moseley, L. Bolling, D. W. Moseley and John Austin.

On motion, Dr. JAMES AUSTIN was appointed president, and Dr. W. J. EPPES, secretary *pro tem*.

On motion, the election of permanent officers for the society was then proceeded with, and resulted as follows:

W. P. MOSELEY, M. D., President.

JAMES AUSTIN, M. D., 1st Vice President.

W. M. SWOOPE, M. D., 2d Vice President.

C. E. DAVIDSON, M. D., Secretary.

W. P. HALL, M. D., Treasurer.

On motion, a committee of three was appointed by the chair, to draft a constitution for the society, composed of the follow-

ing gentlemen, viz: Drs. Wm. M. Swoope, William P. Hall and Charles E. Davidson; which committee reported, and the constitution was adopted.

On motion, Drs. Wm. P. Moseley and James Austin were appointed a committee to draft a code of medical ethics, and report at the next meeting.

Dr. Wm. P. Moseley was unanimously elected to represent this society in the American Medical Association to be held at Richmond, Va., on Tuesday, May 4th, 1852, and Dr. W. J. Eppes to represent us in the State Medical convention to meet at Richmond on the 27th of April.

The society then adjourned to meet again on the second Monday in May.

C. E. DAVIDSON, *Sec'y.*

Pittsylvania Medical Society.

PITTSYLVANIA COURTHOUSE,
April 19, 1852.

At a meeting of a majority of the medical profession of the county, at the office of Drs. Barksdale & Belt, for the purpose of organizing a medical society, the meeting being called to order, on motion, Dr. O. E. HAMILTON was appointed chairman, and Dr. H. SINGLETON BELT secretary, *pro tem.*

The society then proceeded to elect a president, vice president and secretary as permanent officers, which resulted as follows, to wit: Drs. NATHANIEL T. GREEN, president, CHESLEY MARTIN, vice president, and H. SINGLETON BELT, secretary.

On motion, a committee of five, consisting of the following gentlemen, to wit: Drs. N. T. Green, Thomas P. Atkinson, Chesley Martin, Nathaniel Barksdale and H. Singleton Belt, was appointed by the chair to draft a constitution and by-laws, and also a code of medical ethics for the society, to be reported at its next meeting.

On motion, Drs. Atkinson, Craighead and Belt were appointed delegates to represent the society in the national association to be held in the city of Richmond on the 4th day of May next.

On motion, the same delegates were appointed to the state convention in Richmond on the 27th instant; and all members of the society present at the state convention were requested to act as delegates.

On motion, *Resolved*, 'That a copy of the proceedings of this meeting be sent to the Stethoscope for publication.

On motion, the society adjourned to meet at the same place on the 1st day of June next.

O. E. HAMILTON, *Pres't pro tem.*

H. SINGLETON BELT, *Sec'y.*

Calomel and Soda as a Cathartic.

BY DR. H. HUNT, OF DELAVAN, WISCONSIN.

"The first time I used this, or knew of its being used, was four years ago last December, in my own case, while in the city of New York. I had been living and practising in the miasmatic West for the previous eleven years; and although I had never had an attack of fever, still my system was more or less debilitated, and my liver and bowels quite torpid. For this I consulted Prof. Dickson, who advised me to take one grain of calomel at bed-time for a number of nights in succession, and drink an infusion of Peruvian bark. Preferring to take the calomel in the form of pill, I united it with some six or eight grains of bicarb. soda, and formed into pills by hard soap. I took this at 10 o'clock P. M., and although my bowels had been thoroughly constipated for a number of days, I had a thorough operation by seven in the morning, and some three more followed in quick succession. At first I attributed the movements to the setting in of a diarrhoea following constipation; but by using it in a few days again, in my case as well as in that of others, I found the same effects to follow its administration as in the first instance, though not quite so thorough. I had been using soda as an antacid freely, but without any cathartic tendency whatever, and in uniting it with the one grain of calomel, my object was to give bulk, and also to neutralize acid in my stomach, with which I had been very much troubled. When I returned home in the spring, I had the most satisfactory demonstration of its efficacy as an anti-bilious purge, for there were some old cases of habitual tendency to attacks of torpor of liver and bowels that had troubled me exceedingly to physic. There was one man in particular whom I had treated for this trouble, and whom I had given within twenty-four hours forty grains of calomel, as much jalap, near half a pound of salts, a large quantity of castor oil, injections of jalap and senna, &c. And after all this mighty array of cathartics and injections, still the result was a trifling purgation, and the patient *gradually*

recovered. These cases were easily operated on by the use of three or four grs. of cal. and from ten to twenty grs. of soda. This dose was all that was necessary to purge the case alluded to above, 'to his heart's content,' and in such cases it has never failed to do the business promptly and thoroughly.

"In a common case, I give two grs. cal., well levigated with from ten to twenty grs. of bicarb. soda in molasses. This will almost always operate by morning, if given at bedtime. Dr. Bradway unites them in the proportion of one cal. to three of soda; but I have generally united them in the proportion of one cal. to five of soda.

"After the liver and bowels have been thoroughly operated on, the medicine has much less effect, and I therefore desist for a few days, or entirely, for the obvious reason that the important indications are fulfilled."—*Boston Med. Jour.*

On the Treatment of Neuralgia.

BY LANDON RIVES, M. D., OF CINCINNATI.

"Most practitioners use opiates to produce an anodyne effect; and in this, I think, the fault usually lies in the treatment of this affection. When opiates are used with persons of good constitution, they may effect their anodyne influence, but if administered to persons of debilitated constitution and nervous temperament, laboring under neuralgia, the excitant effect will more than counterbalance all the good which can be expected from the subsequent sedative operation of the medicine. The functional derangement in this disease is an exalted sensation—hence it is wrong to administer a medicine which excites, even in its primary action; for, although the secondary action may be the one desired, the primary excitation will irritate the diseased tissue, and render the subsequent paroxysms much more violent. A more appropriate, and in my hands a much more efficient remedy to meet this indication, is small and frequently repeated doses of extract of hyoscyamus. This medicine, unfortunately, is not always kept of a good quality in the shops; hence, care should be taken to procure a good article. With a view to prevent the recurrence of the paroxysms, there can be nothing used more efficacious than quinine. It has been my good fortune to cure a number of cases of neuralgia with sulphate of quinine and extract of hyoscyamus, given in doses of one and a half grains each, at periods of from two to four hours during the intervals of the paroxysms. It is often necessary, and I may

say, generally well to premise this course, by some gentle cathartic. I have sometimes relieved the pain and cut short the paroxysms by a pill of two grains of extract of hyoscyamus alone.

"If the distinction is properly drawn between neuralgia and those affections only involving the neurilemma, and a sedative anodyne, instead of an excitant anodyne used in connection with quinine, this disease will cease to be an opprobrium to medical science, and its treatment will become much more satisfactory to the practitioner as well as to the patient."—*N. J. Med. Reporter*.

Practical Propositions respecting the Diagnosis of Phthisis.

(a.) A young adult who has had an obstinate cough, which commenced without coryza, and without any obvious cause, a cough at first dry, and subsequently attended for a time with watery or mucilaginous looking expectoration, and who has wandering pains about the chest, and loses flesh, even slightly, is, in all probability, phthisical. (b.) If there be hæmoptysis, to the amount of a drachm even, the diagnosis becomes, if the patient be a male, and positively free from aneurism or mitral disease, almost positive. (c.) If, in addition, there be slight dullness under percussion at one apex, with jerking, or divided and harsh respiration, while the resonance at the sternal notch is natural, the diagnosis of the first stage of phthisis becomes next to absolutely certain. (d.) But not absolutely certain; for I have known every one of the conditions in a, b and c exist (except hæmoptysis, the deficiency of which was purely accidental,) when one apex was infiltrated with encephaloid cancer, and no cancer had been discovered elsewhere to suggest to the physician its presence in the lung. (e.) If there be cough such as described, and permanent weakness and hoarseness of the voice, the chances are very strong (provided he be non-syphilitic) that the patient is phthisical. (f.) If decidedly harsh respiration exist at the left apex, or at the right apex behind; if the rhythm of the act be such as I have called *cogged-wheel*, and there be dullness, so slight even as to require the dynamic test for its discovery, there can be little doubt of the existence of phthisis. (g.) If, with the same combination of circumstances, deep inspiration evokes a few clicks of dry, crackling ronchus, the diagnosis of phthisis, so far as I have observed, is absolutely certain. (h.) If these clicks, on subsequent examination, grow more liquid, the transition from

the first to the second stage may be positively announced. (i.) If there be slight flattening under one clavicle, with deficiency of expansion movement, harsh respiration, and slight dullness under percussion, without the local or general symptoms of phthisis, the first stage of tuberculisation cannot be diagnosed with any surety, unless there be incipient signs at the left apex also; the conditions in question, limited to one side, might depend on chronic pneumonia or on thick induration matter in the pleura. (k.) The existence of limited though marked dullness under one clavicle, with bronchial respiration and pectoriloquy, so powerful as to be painful to the ear, the other apex giving natural results, will not justify the diagnosis of phthisis. I have known this combination when the apex of the lung was of model health, and a fibrous mass, the size of a walnut, lay between the two laminæ of the pleura. I would even go farther and say, that the combination in question is rather hostile than otherwise to the admission of phthisis, as, had tuberculous excavation formed at one side, the other lung would, in infinite probability, have been affected in an earlier stage. (l.) Pneumonia limited to the supra and infra-clavicular region on one side, and not extending backwards, is commonly, but not always, tuberculous. (m.) Subcrepitant ronchus, limited to one base posteriorly, is not, as has been said, peculiar to tubercle; it may exist in emphysema, and in mitral disease. (n.) Chronic peritonitis, in a person aged more than fifteen years, provided cancer can be excluded, involves, as a necessity, the existence of tubercles in the lungs. To this law of Louis's it is necessary to add the qualification, provided Bright's disease be also absent. (o.) Pleurisy with effusions, which runs a chronic course in spite of ordinary treatment, is, in the majority of cases, tuberculous or cancerous; the character of the symptoms, previously to the pleurisy, will generally decide between the two. (p.) Double pleurisy, with effusion, is not, as has been said, significant of tubercle; for it may depend on Bright's disease. If the latter disease can be excluded, carcinoma and pyohæmia remain as other possible causes. (q.) If a young adult, free from secondary syphilis and spermatorrhœa, and not dissolute in his habits, speedily lose flesh without clear cause, he is, in all probability, phthisical, even though no subjective chest symptoms exist. (s.) But he is not by any means certainly so, for he may have latent cancer in some unimportant organs, or he may have chronic pneumonia. (t.) Nay, more, he may steadily lose weight, have dry cough, occasional diarrhœa, and night sweats, and present dullness under percussion, and bronchial respiration under both clavicles, and yet be non-

phthisical. I have known all this occur in cases, both when the lungs were infiltrated superiorly with primary encephaloid cancer, and when they contained secondary nodules of the same kind. (u.) Failure of weight becomes less valuable as a sign of phthisis, the longer the thirtieth year has been passed. (v.) The discovery of cardiac disease with marked symptoms, deposes against, but does not exclude the existence of active tuberculation. (w.) The existence of cancer in any organ is unfavorable to the presence of tuberculous disease, but tubercle and cancer *may* coexist, even in the same lung.

[*Walshe on Diseases of the Lungs and Heart.*

New Journal.

New candidates for favor are now so frequently springing up that it is a task to keep the run of them. We have hitherto failed to notice "*The East Tennessee Record of Medicine and Surgery*," a quarterly of 100 pages, published, under the auspices of the East Tennessee Medical Society, at Knoxville. It is edited by our friend FRANK A. RAMSAY, A. M., M. D., than whom Tennessee can boast of no more energetic, devoted or reputable practitioner. Dr. R. is already well known as a writer and an industrious as well as accurate observer in his profession. His bold and decided position in favor of progress and reform in American medicine should command for his journal the liberal support which we feel sanguine that it will merit as *a record* of valuable knowledge. We trust that it will never die of the prevailing disease—*want of support*.

ERRATA IN MAY NUMBER.

Page 246, line 13, for "local" read "vocal."
 Same page, line 28, insert "off" before "the."
 Same page, line 43, for "deliquiem" read "deliquum."
 Page 247, line 2, for "typhus" read "typhous."
 Same page, line 41, for "correspondents" read "readers."
 Same page, the paragraph ending at "avail" should end with the word "attack," in line 9, and "*Cerebral Congestion*" should be the head of the third class.

CHLOROFORM!!

PURE!!!

Much of the Chloroform of commerce being very impure, and its use having in some cases been attended with unpleasant consequences, we have been repeatedly urged to make some at our Laboratory of a quality superior to that generally for sale in this market. We would, therefore, inform the Medical Profession, that we have prepared an article the purity of which can be implicitly relied on.

NITRATE OF SILVER.

Can also be obtained from us perfectly **PURE**, either in sticks or crystals, manufactured at our Laboratory.

MORPHINE.

Our Morphine having acquired a reputation superior to any other, those who have occasion to use the article will be satisfied of its excellence by giving it a trial.

WE ALSO PREPARE THE

SYRUP OF IODIDE OF IRON,

Now so highly esteemed as a remedy in Scrofulous Complaints.

These articles (which it is of the greatest consequence to Physicians to have of reliable quality) are, with our other Preparations, offered to the notice of those desiring

PURE

DRUGS, CHEMICALS AND SUPERIOR EXTRACTS,

BY

PHILIP SCHIEFFELIN, HAINES & Co.

Druggists & Manufacturing Chemists,

tf.

New York.

THE
STETHOSCOPE,

AND

VIRGINIA MEDICAL GAZETTE.

VOL. II.

RICHMOND, VA., JULY 1852.

NO. VII.

**Address delivered before the Society of Alumni of the
Medical Department of Hampden Sidney College.**

BY MANDEVILLE THUM, M. D., OF LOUISVILLE, KY.

We regret that the length of this address precludes the possibility of its insertion entire. We therefore take the liberty with it of presenting to our readers the following extracts.

After a short congratulation of his old professors and contemporaries, Dr. T. announced that his subject would be a brief glance at the science of medicine, from the advent of Mohammed to the expulsion of the Moors from Spain in the fifteenth century.

Far back beyond the uncertain and shadowy confines between history and mythology, Arabia, we are told, derived its name from the son of Apollo, Arabus, the inventor and teacher of medicine. Few and simple were the early requirements of that pastoral and nomadic people from the resources of our art. The supply was but equal to the demand. When, however, within one century from the death of Mohammed, the fire of religious zeal had carried the Arabian arms *with victory* from the banks of the Indus to the shores of the Atlantic—when the choice parts of Asia, Africa and Europe acknowledged the sway of the Saracenic sceptre—then did

medicine, and indeed all science, flourish. Among them, at first in simple and homely guise, did the cultivation of our art manifest itself; but in honor and splendor was she arrayed, when victory had crowned their warfare with success. Laboratories, hospitals, multitudes of richly endowed medical colleges and immense libraries were founded. Medical and scientific lectures were delivered throughout the various portions of the Mohammedan empire. Medical and scientific men prosecuted long and dangerous journeys into the barbarous regions of Middle and South Africa, and the Middle and Eastern portions of Asia, for botanical and other scientific purposes. Translations of all the scientific works of the ancients, such as of Hippocrates, of Aristotle, and of Galen, were made and scattered widely among the people. And as if that were not sufficient, commentaries upon them were written, embodying such an amount of learned research and immense mental effort, that belief itself is staggered. Learned men, no matter of what religious faith, were sought for and encouraged. Emolument and distinction were showered upon them. Indeed, learning in general, but more particularly the physical sciences, found among the Caliphs of Spain, North Africa and Arabia, some of their most zealous and distinguished ornaments. It was no uncommon occurrence for their courts to be converted into learned societies and academies. Neither the surfeit of conquest nor the splendid piles of Moslem architecture, nor the shady groves, nor cooling fountains, which must have been so tempting to these swarthy sons of the desert, nor any of the luxurious uses of unaccustomed wealth, could divert them from the ardent pursuit of physical science. In Spain, where, more than in any other country subdued by their arms, the delightfulness of the climate, the fertility of the soil, the natural beauty of the scenery and the almost inexhaustible mines of gold, allured the Arab to gross and sensual indulgence, we find science most courted and best known. Altogether, the world has never seen a time (I speak advisedly) when greater encouragement in high places has been extended to learning.

I would here remark, that all the sciences, excepting perhaps the pure mathematics, were included in the curriculum of medical studies. Each had its especial cultivators; but so intent were they to make all yield their quota to the healing art, that the candidate for medical honors was required to be, to a great extent, conversant with them all. I shall not pause here to enquire whether the system pursued by them was advisable. I mention it, that it may be understood that the cultivation of the physical sciences was largely interwoven with

medicine, confessedly ranking it first among them. As many were contented with a knowledge of one or two departments, and did not aspire to higher views, the schools of medicine became universities of the physical sciences. The physical sciences were component parts of the study of medicine. Therefore, in this address, they will be regarded as synonymous terms.

The Christian princes of Europe derived their physicians from Arabian teachings, although a reciprocity of favor was not always manifested. When the Caliph Almamon sent to the court of Byzantium ambassadors, saying, in terms highly courteous and flattering, "that could the cares of government have allowed it, he would have waited in person on the emperor," and offering ten thousand pounds of gold and a perpetual peace if he would but send the philosopher *Leo* for a time to instruct him, a surly and brutal refusal was the answer.

In the latter half of the eighth century, the Caliph Almanzor founded the city of Bagdad. In it he established an academy, which afterwards attained the greatest eminence, and a medical college, with powers to examine all those persons who intended to devote themselves to the medical profession. So many pupils and professors flocked to this celebrated college, from all parts of the world, that at one time their number amounted to no fewer than six thousand. About the same time public hospitals and laboratories were instituted to facilitate a knowledge of diseases, and practically to acquaint the student with the method of preparing medicines. This great university, during the lapse of four centuries, from the rivalry of neighboring schools and other causes, fell to decay: until Mostanser, the caliph, re-established it, endowing the professorships with munificent salaries, the medical school with a magnificent library, and adding thereto a new school of pharmacy. His successor, the celebrated Haroun al Raschid, the perpetual hero of the Arabian Tales, carried his love of science still farther, by importing largely of the Syrian christian literati, engaging them in the translation of the Greek classics, and appointing them instructors of his Mohammedan subjects, especially in pharmacy and medicine. Not merely among his own subjects did he foster medicine and its kindred sciences, but when danger beset the medical school in possession of the Nestorian christians at Dschondisabour, he nobly came to the rescue and revived its sinking fortunes. Such acts of beneficence, superadded to religious toleration, cannot be worthily appreciated in this present age. The ameliorating influences of a higher civilization and more liberal views of Christianity

incapacitate us from realizing the bitter and burning hate then engendered by religious differences.

I need hardly add that such toleration and encouragement of Jews and Christians on the part of Haroun Al Raschid and his successor provoked the utmost dissatisfaction among the more ignorant and bigoted class of the Mohammedans.

It is related that during his reign, a young Nestorian, son of the Christian patriarch Mesnach, upon first entering Bagdad, was so charmed and bewildered with delight at the universal toleration and fraternity of feeling there prevalent, that in the joy of his heart, he thought he had found the Utopian world.

"He saw the followers of Christ and Mohammed in the pursuit of the liberal arts in generous and friendly emulation." Enticed by such an exhibition, he applied himself to the study of science with such assiduity, that, notwithstanding his religious faith, he was chosen as the friend and instructor to the son and heir of the caliph. When Almamon the son of Haroun ascended the throne of his father, not contented with his own information on the subject, nor with even that of his instructor, the learned son of Mesnach, he invited the literati of all nations to his court and ascertained from them the names of all the most celebrated authors and the titles of their works which they had published in the Greek, the Syriac or the Persian language. He then caused journeys to be undertaken and embassies sent for the procuring of the more difficult volumes.

The Fatimites of Africa and the Omniades of Spain were the successful rivals of the Bagdad caliphs, in the praiseworthy encouragement of science. If Bagdad could boast of her splendid medical college and library, enriched with its multitude of volumes, the gathering of a world wide search, the same noble distinction was possessed by Cairo and Cordova. Whether at Bagdad or Cordova, Damascus or Fez, though separated by vast distances, the same enthusiastic ardor prevailed in the encouragement and study of physic. Yet, perhaps, greater credit is due to the Moors of Spain for the wealth and munificence expended on medicine and collateral sciences, for the excellence of their schools, the number and ability of their writers, the extent of their libraries, and the uninterrupted prosperity of philosophy for eight centuries.

To these limits, however, the dominion of science was confined. Learning, at that period of the world's history, found no home, save under the protection of the sanguinary banner of the crescent: where the scimeter and yataghan had carved for their Arab masters sovereignty and empire, there the hu-

manizing arts of peace flourished, and only there. In modern times the cultivation of medicine is prosecuted by many nations, so different in race, language and modes of thought, that each new fact submitted to the crucible of their varied investigations is caused to develop its every value. It must be admitted, further, that each nation has its peculiar bent of pursuit, to which being more especially devoted greater general excellence is attained. Thus France is noted for her operative surgery and inorganic chemistry; England for the diagnosis and treatment of disease; Germany for physiology and organic chemistry; and America, we are proud to believe, for a happy combination of them all. The Arabian looked in vain for colaborers in the field of intellect. The greater praise be awarded to him, therefore, for his success and perseverance, through the turbulence of wars, the luxurious blandishments of wealthy prosperity, and the indifference of surrounding nations. Single handed and alone the Moslem went forth in his great mission—the preservation and cultivation of scientific learning. Right nobly has he sustained himself in this self imposed task. To him are we indebted for all the knowledge we have of ancient medicine. He elevated chemistry from the degradation of empiric act to the dignity and usefulness of a science. To him do we owe free lectures on the sciences established by royal bounty, hospitals for the double purpose of instruction to the student of disease and the relief of the afflicted. He first founded public laboratories and schools of pharmacy for the practice of pupils in that art. He originated examinations and certificates of competency before recognizing practitioners as reputable physicians. He substituted a milder system of purgatives in lieu of the harsh and drastic ones of the ancient Greek and Roman. He first investigated some of our most important diseases. He revolutionized the materia medica by bringing into medical use chemical compounds. And lastly, to him be ascribed all honor for the introduction into practice of that great boon to agonizing suffering—opium.

With the Saracen surgery was never degraded to a barber's art. It remained for the European to make it such. Education and scientific attainment were the prerequisites for the practice of surgery with the Mussulman. Surgical operations upon females, shocking to delicacy, were performed by educated surgeons of their own sex. Nostrum quackery, so far as your speaker can ascertain, was almost entirely unknown among them. One Dscheber earned for himself the unenviable distinction of being the patent medicine man—the inventor of a panacea. In the more enlightened cities medical im-

posture was restrained, as far as it could be, by legislative enactment. From the eighth to the eleventh centuries medical schools were founded at Bagdad, Ispahan, Firuzabad, Buckharia, Cufa, Bassora, Alexandria and Cordova.

I have endeavored to present a view of the state of medicine among this remarkable people, and carefully to avoid, as far as practicable, mingling with it the history of their general advancement in literature, science and civilization. Yet the absence of the accessories that compose their literary and scientific character renders our sketch both meagre and unsatisfactory. If, however, I have succeeded in awakening the interest or arousing the gratitude of any of my fellow practitioners towards the Arabian faculty, my task is done, my object is accomplished.

Great evils retarded the prosperity of Arabian medicine. I admit the more than questionable propriety of so intricately involving medicine with the other sciences. I grant that the absence of human dissections, the study and belief of astrology, the search for the philosopher's stone, and alchemy, were mighty obstacles to the advancement of medical science. Yet is it not a matter of doubt, whether the excessive attainments required of the Arabian physician can be considered much worse than the almost entire absence of preliminary acquirements which in America is so generally prevalent? The Koran expressly forbade the desecration of the human body by dissection. This consideration largely exculpates the Moham-medans from blame. But these professors of the faith of Islam, fired with scientific zeal, sedulously dissected the ape as the nearest approximation to the human form. And although it is a pleasing thing to reflect that we are not apes, yet great credit is due them for their perseverance under such circumstances. True, the Arabian physician as often consulted the stars as the state of his patient's secretions, and prescribed accordingly; and doubtless the mists of superstition very generally clouded her science. Her astronomy was corrupted by astrology, her chemistry with alchemy, and all were pressed into medical use. These, however, were the heritage of hoary antiquity handed down from father to son from time immemorial. Emphatically it is a hard task for a nation to free itself from any dogma thus fettered by the accumulated weight of ages. The Saracenic mind, however, had nearly redeemed itself from these errors in the purification and exaltation of chemistry and astronomy, when the triumph of Christendom and barbarism put to flight the Moors and science together. Moreover, before condemning with severity these superstitions, let us look to our times. Have you not heard of clairvoyance

and practical phrenology?—of hydropathy and of homœopathy? not venerable from antiquity, nor sanctified by ancient custom, but mushrooms of the hour.

Gentlemen, with Arabia and her science we have done; yet I cannot part from you without one retrospective glance at the changes which the few years of our separation have effected—not without one word of cheering anticipation, which the present standing and future prospects of our beloved school so fully justify. Ten years, since many of us met, have gone, with their hopes and fears, temptations and triumphs, to swell the ages that have passed. Disease and death have been busy in our ranks. Many of the friendly and familiar faces of that day are no more to be seen forever. Nor have even the fathers of our medical Israel been spared. The gifted Warner has fallen—the talented Cullen is no more. Their names need no eulogy. Their fame is history. Over the Saracenic era the historian may yet shed clearer light, and to their merits render greater justice; but their memory, cold as the marble ruins of their Alhambra, no warm sunlight of personal affection shall ever gild. With our deceased professors the case is vastly otherwise. They still live embalmed in our heart's memory. We would drop a tear of regret at our loss, and emulate their many virtues.

Gentlemen, we have met as the children of the same parent. Her responsibility to us for the faithful discharge of instruction is now over. We have gone forth with her endorsement of our competency. We are therefore responsible to her for the use that is made of it. The sum of our medical reputations, whether for good or evil, will fix the estimate of her professional character. Ten years ago our institution, then an infant, occupied for her college and hospital a tavern. Now, a structure appropriate and beautiful, in solemn grandeur, fit emblem of permanency, rears her proud front, dedicated to the cause of medical science. We do not claim for her overgrown classes nor crowded halls of instruction. But we do anticipate for her, from the well-directed and enthusiastic efforts of many of her graduates, as well as from their eminence already attained, a bright and glorious future. Not from the colossal school of Bagdad with her six thousand students, nor yet from the princely colleges of Cordova or Granada, but from the remote and humble Christian school of Dschondisabour in Chorassin, shut out from the rude world by their mountains and by the pure and simple faith of their fathers, did culminate in mid-day brilliancy o'er oriental medicine those bright suns of science, Hally, Abbas, Rhazes and Avicenna.

Gentlemen, brethren, I greet you with heartfelt satisfaction, as from the daily conflict with disease, from the harassing cares of professional life, we have met to revive old associations and brighten those links which bind us at once together and to our honored alma mater.

The Anatomy and Physiology of the Ganglionic Nerves.

BY CARTON ARCHER, M. D., OF HENRICO COUNTY.

[Read before the Society of Alumni of the Medical Department of Hampden Sidney College, March 15th, 1852.]

The improvement which has characterized every department of knowledge during the present age has been especially manifested in the advancement of medical sciences. A more correct and philosophical method has been pursued in their investigation, and the result has been a most copious and abundant harvest. In many respects our knowledge has assumed a completeness and consistency which might almost justify us in the hope and belief that medicine may yet be ranked among the exact sciences, and should at least encourage us to labor with increased diligence for the attainment of an end so noble and desirable. Nor in any of the departments of medical science has this improvement been more visible or productive of good than in what relates to the anatomy and physiology of the nervous system. The labors of Sir Charles Bell and Dr. Marshall Hall have especially contributed to extend our knowledge in this direction, and by their experiments and researches they have clearly established the functions of parts whose uses a short time since were either entirely unknown or but dimly conjectured. A host of worthy co-laborers have directed their attention to this subject, and have enriched the domain of physiology by important discoveries. Nor have these results been less practical and useful than brilliant and wonderful. They have shed much light upon pathology, and enabled us to understand in many cases the nature and causes of disease, which without them would have remained in obscurity. By their aid also, we have been enabled to direct our curative agencies with far greater accuracy and more satisfaction than would have been otherwise attainable. It is unnecessary to suggest instances, as they will readily recur to the minds of all. But, however, great as has been the improvement and advance in our knowledge, many things yet remain to be investigated and whose elucidation should stimulate us to farther labor and research. One of these subjects upon which the minds of physiologists are

not settled, is the anatomy and physiology of the ganglionic nervous system. Without presuming to be able to furnish anything original upon the subject, it is my intention in this paper to give an abstract of what seems the most probable and correct views held in regard to it, and further to examine some opinions recently advanced by Dr. Jas. George Davey. These opinions were first published in the London Lancet, and have since been republished in Braithwaite's Retrospect. Before, however, entering into a discussion of these views, and the arguments adduced to support them by Dr. Davey, I will proceed to give a brief account of the best received opinions as to the anatomy and physiology of the sympathetic or ganglionic nervous system.

This system of nerves is distinguished from that of the cerebro-spinal by well marked peculiarities of composition, arrangement and connections. Unlike the brain and spinal marrow, it has no special cavity to contain it, but it is placed along with the viscera in the thoracic and abdominal cavities. It consists essentially of two parts—one, a chain of ganglia lying on either side of the vertebral column; the other, of several large ganglia and plexuses situated in the thorax and abdomen. The two chains of ganglia, lying along the vertebral column, commence at the first cervical vertebra and extend to the sacrum, uniting in a small ganglion, in front of the coccyx. The ganglia are united together by nervous cords, which pass between them, and are rather to be regarded as continuations of the ganglia themselves than mere nervous cords. The chains of ganglia on either side communicate with each other by means of the ganglion situated on the front of the coccyx, and by the many plexuses originating from them. Above they communicate with several ganglia situated in the cranium and between the bones of the face. By means of these cephalic ganglia a communication is established between the encephalic nerves and those of the sympathetic, but it is doubtful whether any connection is established in these cranial ganglia between the opposite chains of the sympathetic. By some the sella-turcica is regarded as furnishing a medium by means of which a communication is established between the nerves of either chain of ganglia. From these communications between the nerves of the ganglionic and cerebro-spinal system originated the opinion that the sympathetic had its origin in, and was merely an off-shoot of, the cerebro-spinal system.

The mode of these intercommunications is one of the most interesting circumstances connected with the anatomy of the ganglionic system. These connections are formed by two por-

tions or bundles of nerve fibres—one tubular and white, the other of gelatinous or grey fibres. These bundles were once regarded as the roots by which the sympathetic originated from the cerebro-spinal system. This view is now regarded as incorrect, and the ganglionic is admitted to be both anatomically and physiologically distinct from the cerebro-spinal, and that instead of being developed from it, it is merely brought into harmony and community of action by the free communications which exist between them.

Upon a minute examination of these connecting cords, it is found that the grey or gelatinous portion of fibres originates in the ganglia of the sympathetic, and proceeds from them to the spinal centres. When traced back to the spinal cord, they are found to be distributed principally to the ganglion on the posterior root of the spinal nerves, while a much smaller portion is sent to the anterior roots. Though some of these fibres are to be found in either root, they are not traceable into the substance of the spinal cord, but are confined to the coats of the blood vessels which ramify through it. This bundle of fibres, therefore, instead of being considered as an origin of the sympathetic from the cerebro-spinal, is to be looked upon as a true sympathetic nerve, which, by some of its fibres, connects this system of nerves with those of motion and sensation, while others accompany the blood vessels in their course through the nervous centres. This conclusion has been adopted by Todd and Bowman in their recent work on Physiology, from a careful examination of the recent researches of Mr. Beck.

The bundle of tubular or white fibres which is derived in nearly equal proportions from the posterior and anterior roots of the spinal nerves, is evidently a branch of the spinal nerves, which passes to the sympathetic—there spreads out over the adjacent ganglia, passes through their vesicular matter, and after following the course of the trunks of the sympathetic for a variable distance, proceeds, in company with the gelatinous fibres, chiefly to the viscera; that is, to their sentient surfaces or muscular tissue. Though the gelatinous and tubular fibres are bound up together in the same sheath, they undoubtedly originate from different sources, and are endowed with different functions. It is the opinion of Mr. Beck, founded upon examination by the microscope, that the tubular fibres merely pass through the vesicular matter of the ganglia, without forming any connection with it beyond that which results from passing between them. From this, it is obvious that these are true spinal nerves, which, in connection with the gelatinous fibres of the sympathetic, are distributed, as before mentioned, to the viscera and other parts. If this opinion of the anatomical

relation between the sympathetic or ganglionic and cerebro-spinal nerves be correct, it follows that the sympathetic is to be regarded as an independent and distinct part of the nervous system, distinguished by its vesicular composition, and endowed with the power of originating nerve fibres, characterized by their gelatinous or nucleated structure; and that these fibres are accompanied by others, tubular or white, derived from the spinal and encephalic nerves, and designed to transmit their influence to the viscera and other parts.

A striking peculiarity connected with the sympathetic or ganglionic system of nerves is its tendency to the formation of plexuses. These plexuses are principally found in the thoracic and abdominal cavities. From their number and importance, the sympathetic has been called the great visceral nerve. It may not be uninteresting to observe that the thoracic plexuses are connected with the cervical, while the abdominal plexuses have their connections with the dorsal ganglia. The most important and largest of these plexuses are the semi-lunar, so called from their shape. These plexuses have also been called the solar ganglion, from the number of smaller ganglia and plexuses which radiate from it. This great plexus has been termed the centre of the sympathetic system—the abdominal brain. These plexuses are characterized by a quantity of vesicular matter, deposited in ganglia, very variable in their size, sometimes very minute, rarely of great size. These ganglia seem to possess the power of giving origin to gelatinous fibres, and therefore perform the double office of intermingling fibres from different plexuses and originating new nerve fibres. In concluding this brief and imperfect sketch of the anatomy of the sympathetic system, it only remains to mention that the number of ganglia composing the chains which are situated along the sides of the vertebral column, are not so numerous as the vertebræ, and that for the purpose of more easy description they have been divided, like the vertebræ, into cervical, dorsal and lumbar ganglia. Nor is the number of ganglia always uniform. It has also been observed that the neurilemma of the sympathetic nerves is thicker and tougher than that of the cerebro-spinal.

In considering the physiology of the ganglionic nervous system for the purpose of determining its functions, the first and most important question to decide is, Whether the sympathetic is an independent portion of the nervous system, capable of originating nervous phenomena, or whether it is merely an off-shoot of the cerebro-spinal system, differing slightly in its composition, and entirely subordinate in its functions? Should this question be answered in the affirmative, the next

subject of enquiry is, What are the nature and character of the phenomena it is designed to excite? and to what uses and purposes are these agencies subservient?

If the views just advanced in relation to the anatomy of the sympathetic or ganglionic nerves prove to be correct, (and they appear to rest on unquestionable authority)—that they consist of two distinct kinds of fibre, differing in structure and origin: one tubular in form, and bearing a close resemblance to the cerebro-spinal nerves derived from them, and passing through or over the ganglia, without however forming an intimate union with them, to be distributed in company with the gelatinous fibres to the viscera and other parts; the other, of gelatinous fibres, which take their origin in the vesicular structure of the ganglia and plexuses of the sympathetic, and are distributed principally to the coats of the arteries, veins and lymphatics, and to the viscera generally—it would be a legitimate inference that the sympathetic is a compound nerve, possessing the power of exercising functions and producing phenomena peculiar to itself, while at the same time it serves as a medium for transmitting the mandates of the brain and spinal marrow to the viscera and other parts, and bringing the organs of nutritive life under the influence of these centres. This view is sustained by the anatomical peculiarities already detailed. It is true that some anatomists and physiologists of great reputation have questioned the propriety of considering the gelatinous as proper nerve fibres, urging that they are only an areolar or fibrous tissue in its early stage of development, and consequently to be regarded as forming a sheath for the proper nervous tissue; but in the researches of Mr. Beck, he distinctly traced these nerves from their origin in the vesicular structure of the ganglia and plexuses of the sympathetic, and their distribution to the coats of the arteries and veins; and secondly, the variable proportions in which the gelatinous fibres exist in the different nerves, a variableness which ought not to be observed, if their purpose was that of acting as a sheath to the tubular nerves. Moreover, the gelatinous fibres are not always found occupying the same relative position to the tubular, sometimes being on the inner side of the tubular, while, if their use was that of sheaths, they ought to be always to be found on the exterior. Thirdly, fibres bearing a close resemblance to the gelatinous fibres of the sympathetic nerves, have been found in situations where their nervous character could not be questioned. It is owing perhaps to this want of a more distinctive appearance, which has led some physiologists to question their very existence, that so little is certainly known of the manner in which the

gelatinous fibres terminate, and their relation with the parts among which they lie. These fibres follow the course of the blood vessels throughout their ramifications, twining themselves around their coats as the ivy clasps the oak. The tubular fibres, after accompanying them in their course, are distributed, in all probability, to the muscles and sentient surfaces of the internal organs in the ordinary manner.

A very striking peculiarity manifested by organs deriving their nerves from the ganglionic system, consists in the rythmical character of their contractions. This is especially exhibited in the contractions of the heart and alimentary canal. Its explanation may be found, first, in the manner in which the muscular fibres of these organs are disposed. Secondly, in the frequency with which small ganglia exist, not only among the plexuses of the sympathetic itself, but also among or upon the muscular fibres themselves. These ganglia, which may be regarded as so many magazines of nervous influence, by their intimate connection with the muscular fibres, render them capable of continuing their actions at intervals—even after their disconnection with the main centres of the sympathetic. Much, however, of the rythmical character of these contractions may be, and undoubtedly is, due to the nature of the muscular fibres themselves, which differ materially from those composing the voluntary muscles. That this is the case would appear from the observations and experiments of Mr. E. Weber. This gentleman observed that in the tench the alimentary canal, whose fibres are of the striped kind, or that characterizing the voluntary muscles, did not exhibit any peristaltic movements, and that the application of the magnetic electro apparatus was followed by a rapid and sudden succession of contractions, such as characterize the actions of the striped or voluntary muscles.

From these premises may be deduced the following conclusions in regard to the functions of the sympathetic system :

1st. The sympathetic, in virtue of its tubular fibres, is the medium through which sensitive fibres are transmitted from the cerebro-spinal axis to the sentient surfaces of the internal organs and viscera, where they are distributed along with those peculiar to the sympathetic. It is also the medium by which the motor branches of the cerebro-spinal nerves are supplied to the muscular tissue of the viscera.

2d. And this may be considered as the peculiar and independent function of the sympathetic : it furnishes nerves to the coats of the blood vessels, accompanying them through all their ramifications, and thereby exercising great influence over

all the processes of nutrition. By this it exercises influence over all the secretions of the glands and actions of the viscera. That contraction is the peculiar and essential endowment of muscular tissue, and secretion that of glandular, is generally, nay, almost universally, admitted by writers on physiology; but it is unquestionably true that the performance of these functions is greatly influenced by the supply of blood, and that anything which influences the circulation and distribution of the blood must greatly modify their products, either by increasing, decreasing or perverting their actions. That the sympathetic possesses great influence over the circulation, and consequently over both nutrition and secretion, may be inferred from its mode of distribution, and from the experiments of various observers, of which it will be sufficient to quote those of Pourfour du Petit as contained in Todd's and Bowman's Physiology. "He found that the division of the trunk of the sympathetic in dogs, opposite the third or fourth cervical vertebra, was followed with remarkable rapidity by a disturbance of the circulation in the eye-ball; giving rise to a swollen and apparently inflamed state of the conjunctiva, a contracted state of the pupil, a flattening of the cornea, and a retraction of the eye-ball, with protrusion of a fold of the conjunctiva, known by the name of the haw, and a flow of tears."

Similar effects were found by Dupuy to follow the extirpation of the superior cervical ganglia in horses, and when the ganglia on both sides were extirpated, to these local effects were superadded a general emaciation, an anasarcaous state of the limbs, and an eruption over the whole external surface. These experiments have been confirmed by similar ones performed by Dr. John Bird, who farther agrees with other observers in the statement that these effects upon the conjunctiva follow immediately upon the section of one of the sympathetic ganglia in the neck. In one case he states, "the redness of the conjunctiva appeared in a few minutes after the performance of the operation." These changes in the nutrition of the eye-ball have also been observed after section of the branches of the fifth pair, but with this difference; that instead of being immediate, they do not occur until after several days have elapsed, and are then attributed to the presence of irritating particles, which, no longer giving notice of their presence, are retained until they excite inflammation, which is followed by ulceration and the phenomena above mentioned. I would not be understood as maintaining that the blood vessels derive their nerves exclusively from the sympathetic system, and are entirely removed from the influence of the cere-

bro-spinal. On the contrary, it is well known that contractions of the heart and alimentary canal during the whole of its length can be produced by irritation of the roots of the spinal nerves, and the manner in which emotions of the mind affect the functions of the organs of nutritive life clearly exhibits the influence of the brain. With regard to the channels of these communications, it may reasonably be supposed that the tubular fibres, found so abundantly in some parts of the sympathetic, are the agents through which this influence is exerted.

These are the functions attributed to the sympathetic or ganglionic system by the latest and most eminent writers upon the physiology of this system of nerves; but recently a paper upon this subject has been published by a Dr. Davey, in which he claims for the semi-lunar or solar plexus, and which he regards as the centre of the ganglionic system, higher and more important functions. Indeed, if the opinions and arguments of Dr. Davey be admitted, a great change must be effected in our views of conditions essential to the functions of secretion and nutrition. I now propose to enter into a brief examination of them, and to state the reasons why, in my opinion, they should be rejected.

Dr. Davey commences with a proposition not less novel than startling. He says, "life is the function of the solar plexus, regarding it as the root of the sympathetic or ganglionic system; that the solar plexus is the '*impetum faciens*' of Hippocrates, or the *materia vitæ* of Hunter; that it is the organ whose function may be regarded as the principle or stimulus which enables every other and subordinate part in the animal economy to continue its specific and allotted labor towards the existence of the individual; that both the brain and spinal marrow, in common with all the viscera, hold a similar relation to and dependence on the solar ganglion as the centre of the ganglionic system, that the iris does to the retina, or the external senses do to particular parts of the cerebral mass." The obvious construction to be placed on this is, that the solar ganglion is the material organ or instrument through which the *materia vitæ* or vital force, whatever may be its nature, exerts its specific effects; that from it all other parts and organs derive their peculiar powers; that by it muscular tissue possesses contractility and the glands secrete; and that its presence is necessary and indispensable for all vital processes and functions. By it animal life is created, preserved and reproduced. The most overwhelming and positive proof ought to be adduced to support a proposition of such magnitude and involving so many consequences. Unless this can be done, they

will be regarded as the enunciation of an empty hypothesis, which only shews how futile it is to attempt to define and explain the seat and nature of the vital principle.

The first argument adduced by Dr. Davey to sustain him in his opinions is, that the solar ganglion is the part first formed in the embryo. The authority of several physiologists is adduced in confirmation of this assertion. Without calling it into question, I do not see how a foundation so narrow can sustain Dr. Davey in such opinions as these. "The solar ganglion in the embryo is nothing more nor less than the *nisus formativus* of Blumenbach."—"I cannot doubt that it (the solar ganglion) exercises the architectural power employed in man and animals, from man downwards, through the whole of animated nature, to the very lowest link in the chain of being—that to its peculiar and vital influence must be conceded the wonderful and successive metamorphoses or changes which characterize not only the intra and extra-uterine existence of the human form, but also that of animals, whether oviparous or viviparous, and under circumstances of normal and abnormal action." To some change effected in the solar ganglion, either directly or indirectly, he attributes the production of deformities and monstrosities. To the above argument and conclusions attempted to be deduced from it I object.

1st. Because, upon his own argument, it must be admitted that some agent, or vital force, by whatever name you may term it, must have existed prior to the development of the solar ganglion, in obedience to which that organ was itself formed; and we have no reason to suppose that this agency or vital force completed its offices then, and left to the solar plexus the function of developing the remaining parts of the embryo, and endowing its various organs with their appropriate functions. It would be more reasonable to suppose that the same plastic energy which called the solar plexus into existence was sufficient to complete the entire structure.

2d. To admit it would be to admit that secretion and contractility were not functions peculiar to and inherent in glandular and muscular tissue, but properties directly derived from the solar plexus, and in fine, that all the processes of nutrition were dependent altogether on nervous agency—an opinion at variance with all the teaching of physiology.

3d. And finally, the sympathetic system is said to be wholly wanting in the cyclostomatous fishes—a fact which, if it be established, would at once overturn the whole theory of Dr. Davey.

The next argument relied upon to support his position and

theory is, that although the brain, and even the brain and spinal marrow, may be deficient or entirely wanting, in cases of monstrosities, the sympathetic of at least the semi-lunar ganglion is always found. It is true that if the functions claimed for the sympathetic system were proved to belong to some one of the nervous centres—that is, if nutrition and secretion could not exist independently of nervous agency, then, if the brain and spinal marrow were both absent and nutrition still properly performed, it would be fair to conclude that this function was located in the sympathetic system of nerves. But we know that in the vegetable world, nutrition, secretion and reproduction, all exist and are carried on with the utmost perfection, though no nervous system of any kind has ever been discovered. It is not pretended that the functions are performed exactly alike in animals as in vegetables, but there is no doubt that nutrition and secretion can exist in some of its forms without the presence of a nervous system. In animals they are undoubtedly very much influenced and modified by the nervous system, but it appears more from its supplying the conditions necessary to their proper performance, than from directly endowing them with the power. Undoubtedly the earliest stages in the development of the embryo are performed without any agency of the nervous system of the foetus itself. Dr. Davey also infers the dependence of these functions upon the sympathetic, from the fact that they are duly performed during sleep “when the influence of the brain and spinal marrow is intercepted.” That the functions of the spinal marrow cease during sleep, or that its influence is intercepted, is a something new under the sun, and until it is proved, (and Dr. Davey gives no reason for his assertion,) it is unnecessary to refute inferences drawn from it. The experiments and reasoning of Dr. Marshall Hall fully sustain him in the assertion that the spinal marrow never sleeps. The experiments of physiologists, comparative anatomy and the phenomena of disease, all prove that the brain is the exclusive seat and origin of sensation, the spinal marrow of the excito-motory functions, and the anatomy of the sympathetic leaves but little doubt that when it exhibits either of the above mentioned functions it is derived from one of those centres.

If foetuses are born without the brain and spinal marrow, but otherwise well developed, the Doctor attributes this last phenomenon to the presence and existence of the sympathetic; but when Dr. Marshall Hall infers the influence of the brain over the nutritive functions, from the fact that “idiots with small brains are short lived,” he infers that “the imperfect development of the brain is an indication of the mal-

organization of the entire nervous system." For this no reason is given; but in the opinion of Dr. Davey, any hypothesis is more probable than that his theory should be incorrect. In the case of children whose brain was entirely wanting, he ascribes the intra-uterine development and the proper performance of the organic functions to the circumstance "that the sympathetic system was natural." Now, in the case of idiots with deficient development of the brain, there is no reason to suppose that their development was at all impaired or the functions of organic life interfered with during their intra-uterine existence; but after birth the circumstances were changed—the nervous system became necessary to supply the conditions under which the organs were to continue the performance of their allotted functions, and in consequence of its imperfect development these conditions could not be supplied.

Another argument advanced by Dr. Davey to sustain him in his views of the paramount influence of the solar ganglion is, that all the functions of organic or nutritive life are carried on as well in animals without the brain and spinal marrow as in vertebrated animals. It may be true, in strict language, that there cannot be a spinal marrow without a spinal canal, nor an encephalon without a cranium, but it must be borne in mind that the true spinal marrow is an assemblage of nervous centres, whose existence in animals is to be inferred rather by the functions over which they preside than by the position which they occupy. In man and the higher order of animals they become more complicated and of greater importance, and their freedom from injury more essential to the safety of the individual, and consequently their situation becomes more secure.

He further declares, that in experiments, he has found, upon the removal of the viscera, animal life and the contractility of muscular tissue have almost instantaneously ceased, though the brain and spinal marrow were uninjured; while on the contrary the muscles could still be made to contract, provided the viscera, and consequently the sympathetic nerves, were left intact, though the brain and spinal marrow had been completely removed. In opposition to this are the experiments of Dr. Marshall Hall, in which he found that though the head, and consequently the brain, was removed, and the viscera, with the ganglionic system, likewise, yet muscular contractions could still be produced on the application of a stimulus. He accounts for the discrepancy which exists between his experiments and those of Dr. Marshall Hall, by the supposition "that the excito-motory action, which was produced by pinching or pricking the extremities of the animal, after the removal of the viscera and ganglionic nervous system must have re-

sulted from the influence of that remaining nervous principle which exists for a longer or shorter interval in any portion of the animal organism even after its removal from the trunk, or body to which it originally belonged." Again, he says "that nervous power can exist for a certain time in the nerves of any part independently of its source;" and as an instance of it, he adds, "I have seen the heart of the shark contract vigorously for many minutes after its removal from the animal." May not this be the effect of the contractility which is the peculiar and inherent property of muscular tissue?

From these premises Dr. Davey concludes that the solar plexus not only exercises complete influence over the functions of nutritive life, but that it presides "equally over the brain as the stomach; equally over the spinal cord as the liver." Again, "that the brain and spinal marrow derive not only their existence and integrity from it, but also perform their respective functions in virtue only of the influence they receive from it."

Having thus, satisfactorily to himself, established the fact "that life, regarded 'as the assemblage of all the functions, and the general result of their exercise,' has its immediate principle in the solar ganglion," he proceeds to the consideration of it in relation to comparative anatomy. And here the identity of the functions of organic life in the different kinds of animals would induce us to suppose that the portion of the nervous system which presides over them would likewise be identical. But if this were the case, it would be impossible to account for the varieties of animals, and yet allow to the sympathetic system of nerves the functions ascribed to it by Dr. Davey. He therefore supposes that all animals have a sympathetic system, "each after his kind." This is pure assumption, unsustained by any evidence whatever. Indeed he admits that no difference in the form or structure of the sympathetic can be discovered. Now, although we believe that spirit is independent of matter, and that the nervous centres are but the material organs by which the mind exhibits itself, it cannot be denied that whenever a new function is developed an appropriate organ is also found, and consequently when the functions of the sympathetic are changed or increased, we would expect to see some change in it likewise. But this is not all. Not content with making the brain and spinal marrow directly dependent on the sympathetic system for their functions, he claims it to be the seat of the instinctive faculties, and assures us "that the affected Miss, though ignorant of physiology and pathology, and perhaps all other ologies, if either alarmed or professing to be so at any sufficient or insufficient cause of personal danger,

quickly applies her hand to the præcordia ; as if the solar plexus screamed '*take care of me now.*'" After this illustration and exclamation on the part of the solar plexus, none, I am sure, will be found obstinate enough to hold out against so potent and convincing arguments.

It is unnecessary to follow Dr. Davey farther in his lucubrations. What has been said is sufficient to explain his views and the arguments by which he attempts to establish them. The rest of his paper is devoted to the amplification of his theory regarding the functions of the sympathetic or ganglionic nervous system, but contains no other line of argument than that already described.

In the space allotted to myself, it has been impossible to enter at length into many subjects connected with physiology, and which seemed irreconcilably opposed to the views of Dr. Davey. Nor did I deem it necessary to furnish any arguments or detail any experiments in support of the opinion that contractility is the peculiar and inherent function of muscular tissue, or secretion that of glandular. The experiments of Dr. John Bird, instituted to prove the inherent contractility of muscular tissue, appeared to me perfectly conclusive upon that subject, and I believe that it is admitted by the most eminent physiologists. There are undoubtedly many circumstances connected with the processes of nutrition and secretion of which we are yet ignorant, and their investigation offers a wide field in which many discoveries may yet be made and much knowledge obtained. Their elucidation would throw light on the pathology of many obscure cases of disease, and contribute much to their successful treatment. That these investigations will yet be made and attended with many beneficial results, is my firm conviction ; and if this brief and imperfect discussion of the anatomy and functions of the ganglionic nervous system should have the effect of directing the labors of any in that direction, my end will have been accomplished.

The Epidemic Puerperal Fever of Mount Solon and Vicinity.

BY C. R. HARRIS, M. D., AUGUSTA CO., VA.

This frightful disease prevailed in this portion of our county in the fall and winter of '50 and '51 and the following spring and summer, embracing in its ravages a scope of country some 12 miles in length and 5 in width. More than three-fourths of those delivered were attacked.

During its prevalence there were 46 deliveries, of whom 36 were attacked with the disease; of those who labored under it, 7 died and 29 recovered.

Generally the cases were violent in their mode of attack and rapid in their course, terminating in death in 5 or 6 days after the first invading symptoms, unless arrested by prompt, bold and energetic treatment early after the attack, say between 12 and 30 hours.

Owing to the prejudices, too universally prevalent in a country practice, to post mortem examinations, only one opportunity presented during the epidemic.

Autopsy 12 hours after death. Uterus healthy in appearance, and on application of scalpel into its structure, universal inflammation of the peritoneum, with its usual products, serum, albumen and pus. The left ovary softened, and, with the corresponding broad ligament, completely disorganized.

In a majority of the cases, the first symptom of pain was felt in the left iliac fossa, and from thence it traversed the course of the corresponding uterine ligament, until the whole peritoneal membrane, from the cardia to the rectum, would be implicated.

The disease, in the larger portion of the cases, was ushered in by a severe rigor, as the first symptom which would attract the attention of the patient or her friends; too frequently, however, it was more insidious in its approach, without the rigors in its very onset—it frequently occurring that there were no rigors until the disease had advanced to near its fatal termination, say the 4th or 5th day after its commencement. After this occurrence the patients sunk rapidly with symptoms of hectic fever, the result, in my humble opinion, of pus production. In this description of cases the usual remedies were of no benefit, but had rather a tendency to some extent to hasten the fatal termination.

We know that most writers on this disease have classed the rigors or chill as the first prominent invading symptom in the chain of diseased action, but I am forced to a different conclusion with my experience in the epidemic.

Is the disease contagious? or can it be communicated by the physician to a patient in accouchement? My experience fully justifies me in taking the negative side of the question. Of the nine cases which escaped the disease, eight were attended by the writer during parturition, and whilst in regular attendance upon those suffering from the epidemic. Several of those attacked, too, were delivered by midwives who had never waited on a patient, either during labor or afterwards, who had suffered from the disease in question.

Treatment.—The treatment brought to bear was that in inflammation of serous membranes generally. Bold vs., mercury, tartarized antimony and opium, in combination with warm, soothing fomentations, as flannels wrung out of hot water or dipped in warm. Oleum terebinthinæ applied to the surface of the abdomen.

In accordance with the views of the distinguished Gordon, and more recently our own able and distinguished Meigs, and others, I found venesection the sheet anchor, if timely brought to bear on the inflammation, but if procrastinated beyond a certain period, it is, with all other valuable agents, of no earthly benefit. The following table will fully sustain this declaration:

19 were bled between 6 and 12 hours after the attack; of whom 1 died and 18 recovered.

8 were bled between 12 and 24 hours after the attack; of whom 2 died and 6 recovered.

9 were bled between 24 and 36 hours after the attack; of whom 4 died and 5 recovered.

There were three cases which occurred before the epidemic was suspected to exist in our district, which, if added to the number reported, would make in all thirty-nine cases; but as they were seen by me too late to premise any treatment farther than palliatives, I have not detailed them in the list. Of course all terminated fatally. One of the three was moribund when I reached her; in the other two the inflammation had done its work, and, with the symptoms of approaching dissolution, death rapidly closed the affecting scene.

The cases alluded to were under the charge of midwives who flattered them (from an ignorance of diagnosis) that they had milk fever, or "it's nothing but the weed," whilst the attendant symptoms were the result of after pains, which were common to nearly all patients in child-bed. I shall detail as briefly as I can the following case, with its symptoms, treatment and termination, as a fair specimen of those seen and treated, and who recovered:

Mrs. ———, æt. 28 years, of rather a delicate and nervous temperament, delivered of her 4th child April 2d, 1851—had a tolerable natural and easy labor. She seemed as well as usual until the morning of the 5th, when she was attacked with a violent chill, which lasted near two hours, with an excruciating pain, which followed the rigor, first felt in the left iliac fossa, soon extending over the entire abdomen, with frequent micturition. Reached her at 1 P. M.—pulse 152, hurried respiration, high fever, intense headache, occasional delirium, tenderness of the whole abdominal surface, which was

greatly distended and tympanitic, with suppressed lochia. Accidentally meeting with my friend Dr. R. H. Robertson, I invited him to see the case with me. *Treat.*—vs. 49 $\frac{3}{4}$, in semi-recumbent posture. As bowels had not been operated on since her delivery, we ordered cal. grs. 8, opi. gr. ss., tart. emetic gr. $\frac{1}{4}$, every 2 hours, until 3 doses were prescribed: flannels wrung out of hot acetic acid were assiduously applied all the time. At 7 o'clock, bowels freely purged twice. Visited her at 8 o'clock in company with Dr. Robertson—pulse 98, with very little pain since the vs.; skin rather moist, with but little heat, breathing greatly improved, abdomen more flaccid, with diminished tenderness on pressure—left her at 9 o'clock. Called at 11 o'clock with Dr. Robertson; found her worse—pulse 132 and corded, pain returned, fever and heat of surface greatly increasing, skin hot and dry, with hurried respiration; great inability to move. *Treat.*—vs. 40 $\frac{3}{4}$, which again reduced the pulse in force and frequency to 94. Calomel, opium and tart. antimony prescribed every two hours, aided by enemata of oleum terebinthinæ and melted lard. Visited her at 10 A. M. on the 6th—pulse 80; powders had operated twice since we left her; breathing natural, very little tenderness and no distension of the bowels; patient expressed herself much better—desired to discontinue prescription, as the powders sicken her greatly—powders discontinued—ordered toast or barley water, as she desires some nourishment and complains of great debility.

Saw her in company with Dr. R. at 7 A. M. on the 7th. Patient well. Ordered weak chicken broth. On the 10th she was able to sit up in bed and nurse her child at the breast.

In the course of 14 hours this patient lost in all 89 $\frac{3}{4}$ of blood by vs. which saved her life. With a much less quantity I humbly conceive I could not have arrested inflammation, which would rapidly have precipitated her beyond a point from which there is no recovery.

The tart. antimony was a valuable adjunct in the treatment, and as it is a remedy seldom, if ever, mentioned by writers on the treatment of puerperal fever, I cannot too highly recommend its use (where the patient can tolerate it) to the medical fraternity—especially in a country practice, where it is too often the case in this frightful disease that the physician is unable to visit his patients as often as he should do. It is, in my experience, a precious sedative. It controls the circulation, curbs the heart's action, and prevents to a great extent reaction after depletion—a result to be dreaded, owing to the danger of rekindling the inflammation, which, though seemingly arrested, may again seize upon the organs impli-

cated, and consume the patient during the absence of the physician, or at least place her beyond the control of medical aid. The profession are divided in regard to free purging in this disease. I cannot advise the use of drastics, but my testimony fully justifies the necessity of keeping the bowels clear during the high inflammation. Stimulating enemata of oleum terebinthinæ and olive or castor oil I found of great service, by arousing the peristaltic action of the bowels, and aiding the patients to discharge large quantities of fetid gas, greatly to their relief and comfort. All writers fully agree that this is a troublesome attendant.

I have endeavored to be brief. The disease in question is one of fearful import. I had no idea of consuming so much space in the Stethoscope when I commenced, but I hope that its importance will afford me some apology for the length of this hastily written and imperfect communication.

I envy not the practitioner who has to contend with it. Should he meet with the epidemic in a region of country where midwives are usually called upon, he must expect to see his patients (if called in at all) too late to save them. The battle must be fought from within six to twenty-four hours, and in a majority of cases, if he does not see the patient sooner than twenty-four or thirty hours after the attack, he must content himself with occupying the position of an irresponsible looker on, whilst the friends of the patient can console themselves with the reflection that she died fashionably, "as Dr. — saw her, and all was done that could be done."

It is the plain duty incumbent on every medical man to sound the "tocsin of alarm," and let his community know the potency of the disease. It is due to himself, to science, and the district, town, or city in which he may reside, to impress them with the fact, that, if curable, it is only so in its first and early stages.

Post-Mortem Examination of a Case of Tabes-Mesenterica, etc.

BY PETER R. REAMEY, M. D.

Nelson, a slave, belonging to Mr. Smith of this place, aged 16, died of "tabes-mesenterica" on the 17th inst., under the care of Dr. Carter, who, together with Dr. Dillard and myself, held an examination on his body on the next day. We found the lungs with some signs of chronic bronchitis and a few miliary tubercles in one part; the left lung was so firmly

adherent to the walls of the thorax that it was with difficulty separated; in fact it had to be literally torn apart. On the posterior and lateral side of the left lung there was a deposit of fat, (not fully organized, yet consistent,) which entirely covered that part of the lung and obliterated the fissures entirely. This adipose deposit varied in thickness from a quarter to three-quarters of an inch, and over the fissures it was fully an inch thick. The heart was somewhat enlarged; an unusual quantity of serum had been effused within the pericardium, and ossification (partial) had taken place within the mitral valve, its edges having a serrated appearance; otherwise, there was no change in the heart's appearance or situation. The spinal cord was softened about the lower dorsal and first and second lumbar vertebræ, and about three months previous to his death he had been attacked with paralysis of his lower extremities. The penis and scrotum were swollen from dropsical effusion into their cellular tissue, the prepuce enormously distended, and the skin removed in several places from the body of the penis and scrotum also. The mesenteric glands were studded with tubercles of various sizes, and a few of them were in a state of softening; some of the tubercles were as large as partridge eggs, and others as small as a mustard seed or small shot. The other viscera entirely healthy. His appetite had been pretty good, and his digestion tolerable. He had been well fed and clothed, and was a negro of more than ordinary intellect. He had been using the cod liver oil for some time, and strychnia had been administered for his paralysis.

The unusual deposit of fat on the lung renders this case very interesting to all pathologists, and I hope some one will attempt to account for it. I am not sure that any similar case is on record, at least I have never met with it in my reading. The knowledge of such a deposit existing sometimes should render physicians more careful in auscultation and percussion in forming a diagnosis, since its presence might frequently be mistaken for disease of the lung elsewhere, with the worst results.

Martinsville, Henry Co. Va., April 20, 1852.

Inflammation of the Brain following an attack of Mumps.

BY L. B. ANDERSON, M. D., OF VERDON, HANOVER COUNTY, VIRGINIA.

At 11 o'clock on Friday April 30, 1852, I was called to see James, second son of Mrs. F. of this county. He was an athletic, healthy boy, in the fifteenth year of his age. I found him lying quietly, with his eyes closed; face flushed; parotid glands swollen slightly; tongue coated with a thick brown fur; breathing but little affected; testicles red and enlarged; flesh hot, especially about his chest and head; pulse 120 strokes per minute, though by no means tense; intolerance of light and sound.

He was taken with the mumps on Friday the 23d instant; was but slightly incommoded by it, and on the following Wednesday walked some distance to the river. He complained of debility on his return, and was quite pale. Thursday morning he ate a moderate breakfast and complained of slight headache. Remained most of the day in his room, though appeared to suffer no pain. At night he took xii grs. of blue mass., after much persuasion. He then appeared to be in an inanimate and stupid condition. He was delirious during the night; vomited a great deal of "dark bilious" fluid, and unconsciously voided the contents of his bladder and bowels. I saw him at 11 o'clock on the following day, in the condition above described. And I may here say, that many forcible and ineffectual efforts were made to administer medicines, especially mercurials, but it was only in the last stage of the disease he could be either coerced or persuaded to take anything whatsoever.

General bloodletting ad deliquum animi, and on the slightest reaction, free cupping over the temples, were resorted to. A stream of iced water was kept, with scarcely a minute's intermission for ten hours, constantly pouring on his head. And when the circulation became too feeble to bear the loss of blood, large vesicatories were applied, first on Saturday morning to his lower extremities, and on Sunday morning to his neck and epigastrium; whilst stimulating embrocations were freely used over the spine, abdomen and lower extremities. On Sunday evening his pulse became exceedingly frequent and feeble, his mind greatly excited, and he presented the appearance of one laboring under mania a potu. Morphine was administered in $\frac{1}{8}$ grain doses, which at first seemed to soothe and quiet him. And though as much as $\frac{1}{4}$

of a grain was afterwards given for a few doses, he continued much excited, and finally at 12 o'clock on Sunday night began to decline rapidly, and so continued until 3½ o'clock on Monday, when death terminated his agonies.

There are a few facts connected with the progress of this disease in this family I will here mention. A younger sister of this interesting youth contracted the mumps from a person on the cars, who probably was at no time within twenty feet of her, and then for not more than a few minutes, as she was carried into another compartment so soon as the fact was made known to her father. It was twenty-one days from the exposure to the invasion of the disease. The youth whose case we have recorded was probably more mildly affected than any other person in the family—certainly than most of them. All seemed to suffer with much derangement of the hepatic functions; and when fever and headache arose they were relieved by a brisk mercurial purge in every instance. And it is possible, had young James made known his real condition at an earlier hour much happier consequences would have ensued than those we have been pained to record.

Rigidity of Soft Parts—Delivery Effected by Incision in the Perineum.

BY R. M. TALIAFERRO, M. D.

On the 2d day of December 1851 I visited B. H., a young unmarried woman, *ætat.* 15, in labor with her first child. On examination I ascertained the presentation to be favorable—position No. 3. She was laboring under violent puerperal convulsions, and had been for the last 10 hours. The labor was considerably advanced—the head having descended into the vagina, in fact ready to emerge from under the arch of the pubes. There was no particular resistance, except at the os externum. On account of the constant and long continued convulsions there was a considerable accumulation of phlegm in the mouth and throat; the breathing of course very laborious. It could be heard not only throughout the house, but all over the yard. Suffocation seemed quite probable. The face was purple, nay, almost black; pulse bold and strong. By the use of my fingers, (one of which was badly bitten, by the by,) a teaspoon and feathers, a good deal of phlegm was removed; the breathing of course less laborious. Observing a little blood on the arm, I inquired of Dr. B., a young practitioner of the neighborhood who was there before me, if he had

used the lancet, and to what extent. He replied, "yes; but, owing to the smallness of the veins, very sparingly." I thought there was an absolute necessity for a large bleeding, and urged it. No objection being made, it was speedily accomplished. Owing to her state of insensibility and constant contortions of body, she could not be placed in an erect position, (the best calculated to induce fainting,) nor could we, from the same causes, tell exactly how much blood was drawn. There was fully a quart in the bowl, and probably as much scattered about on the bed clothes—surely a large bleeding for a woman under medium size. Eighteen hours had now elapsed since the commencement of her labor and three hours or more since the free use of the lancet, yet there was but a small dilatation at the vulva. Knowing the "immense distension of which these parts are generally capable," I was a little surprised at the obstinate rigidity in the present instance. It reminded me somewhat of a lady's reticule with the string drawn a little tight at the mouth, with this difference: there was no puckering. I inquired if she had been burnt or wounded about the private parts, so as to occasion a cicatrix, and was answered "no." There did not seem to be room for a goose's egg to pass. The opening at the anus was almost as large as at the vulva, which, instead of answering to the axis of the inferior strait, was much turned up towards the pubis.

I now began to be seriously alarmed about my patient. The uterine efforts were strong and frequent. This was ascertained, not by any outcry of the woman, but by a sensible bearing down against my hand, which was constantly on the perineum. By this time the head had passed nearly out of the pelvis, making an unusually large perineal protuberance. It did really seem as if laceration would be inevitable, and that it would pass out at the anus, and to prevent this I determined on making an incision at the vulva, believing that preferable to permitting it to force its way through below. This was easily accomplished with a common scalpel, beginning at the fourchette, and diverging a little from a straight line towards the mother's left ischium, cutting a full inch or more in the then distended state of the parts. The fore and middle fingers of the right hand were introduced in the anus, the thumbs on the undivided portion of the perineum, and then, by a little manual dexterity in pressing the head a little backwards and upwards, delivery was accomplished. The child was not living.

The convulsions then ceased, but consciousness did not return till late the following night. I did not deem it necessary to use stitches. She was directed to lie on her side, to be as

still and quiet as possible, and to pay a strict attention to cleanliness. In the course of four or five weeks she was up and walking about—in short quite well.

I have called on her since her recovery, and she assures me that every thing is "*in statu quo*;" that she is now exactly as she was before the occurrence; that she finds no difficulty in making or retaining water; the same as to the fæces.

When this was undertaken by me I was not aware of its having been done before, and was really afraid that my professional brethren would condemn me. Judge then how much I have been relieved by seeing it reported in the last July No. of the London Lancet, (which a medical friend has subsequently put into my hands,) that it had been done by some of the accoucheurs of France.

Under similar circumstances, I would unhesitatingly resort to it, for surely a smooth incised wound would be less injurious and heal more readily than one by rough violence. I have now been engaged in the practice of medicine for forty years, and witnessed perhaps as many difficult labors as falls to the lot of most country practitioners, and have not met with such a case before. Rigidity of the soft parts I have heretofore been able to overcome by a free use of the lancet, open bowels, &c., but not so in this.

Rocky Mount, Franklin county, Va.

Case of Difficult Parturition owing to an Uterine Tumor—Embryulcia.

MR. EDITOR—I send you the following report of a case, certainly very interesting to myself, and I hope it may not be altogether devoid of interest to your readers, and that it may be also instructive, at least to the junior members of the profession.

Dec. 8th, 1851, about 12 o'clock at night, called on to visit Mrs. A——, aged about 38 or 40, in her 6th labor. Had been in labor about 24 hours; part of the time, as I was informed, the uterine contractions had been strong and protrusive—at the time of my arrival short and agonizingly painful and but slightly protrusive; had been under the influence of chloroform more or less for several hours, for which, whenever she became conscious, she would ask in the most beseeching manner.

I was invited by the attending physician to make the necessary examination, and give an opinion as to the nature of

the obstacle to delivery and the means most proper to be used to overcome it. Upon examination, I found presenting, almost at the vulva, a tumor, somewhat yielding, and much smaller than a child's head; by directing the hand, made to assume a conical shape, anteriorly, it was passed beyond this tumor, with the use of but slight force, where the child's head was found presenting fairly. During the interval between the uterine contractions the tumor could be pressed back into the concavity of the sacrum, which seemed to be its natural position. Whenever the uterine contractions came on it was forced out of this position towards the vulva, that and the vagina, both anteriorly and posteriorly, being carried before the head of the child; the anterior and posterior walls of the vagina coming in contact just above the tumor. By keeping the hand in the vagina during the uterine contractions, with the back pressed against the tumor so as to keep it in the concavity of the sacrum, the head would advance considerably, gliding along the palm.

Upon consultation with the attending physician, I gave it as my opinion that the obstacle to delivery was presented by a tumor situated in the pelvis and occupying the hollow of the sacrum; that possibly, by keeping the hand in the vagina, so as to press back the tumor, the uterine contractions might be sufficient to cause the head to glide along the palm and force it beyond the tumor. This plan was accordingly tried by both of us, but the hand and tumor together left too little space for the head, and its passage was consequently impracticable. The forceps were then suggested, and by request of the physician in attendance I proceeded to apply them. But such was the amount of force necessary to cause the head to pass the tumor, that the forceps would slip, the bones of the head yielding to the pressure.

I, without moving from my place, expressed a decided opinion that delivery could be accomplished only by the use of the perforator and crochet, to which the attending physician assented and immediately handed those instruments to me. The head being opened and crochet fixed in the foramen magnum, in a short time the child was delivered, the placenta following in due time.

Our attention was now called to the condition of the lady, who was quite exhausted, nearly pulseless and apparently unconscious. Internal stimulants were resorted to, but rejected immediately. It was therefore thought advisable to rely entirely on the external stimulation of sinapisms and heat, which latter was applied through flannels and blankets as hot as they could be made and thrown over the body and

wrapped around the feet and hands. By these means, in the course of three or four hours, universal warmth was restored, the pulse became good and regular, and consciousness returned. At sunrise I left, returned again about sunset, and found my patient quite cheerful. From this time the case progressed favorably, without a single bad symptom. The lady is now in the enjoyment of excellent health.

A case similar to this is given in Braithwaite's Retrospect, No. XXII, p. 276, (118,) reported by D. R. Rankin, Esq. In this case delivery was effected in the first instance by the use of the crochet, subsequently by turning.

Query.—Might not delivery have been accomplished in Mrs. A.'s case by turning? I think not. It would have been impossible to push the tumor into the cavity of the abdomen, which was done in the case reported by Mr. Rankin. In Mrs. A.'s case the tumor was situated entirely too low and in the hollow of the sacrum; and had the child been turned without pushing the tumor into the abdomen before the head entered the pelvis, it is at once evident that the embarrassments attending the case would have been greatly increased. And under any circumstances, while the child may be saved, it is with increased risk to the mother, as is evident from the concluding part of Mr. Rankin's report, in which he says, "a train of symptoms by no means promising followed," &c., &c. From which it is evident that so much violence was done to the maternal parts as to cause extensive and dangerous sloughing, attended even with the passing away of the tumor itself.

In Mrs. A.'s case, no doubt, the difficulties will continue to increase from the growth of the tumor, and should she again become pregnant her safety must be found in premature delivery. R.

Chesterfield County, Va.

Case of Severe Injury of the Foot.

BY M. WHITEHEAD, M. D.

Dr. Houston of Dublin, in his lectures on modern improvements in surgery, remarks, "that the great boast of modern surgery consists in the judicious diminution of surgical operations, and the adoption of the *conservative* method of treating compound dislocations and fractures." A case occurred in my practice about fourteen months ago which may serve in some degree to encourage the surgeon in his attempts still far-

ther to diminish the frequency of unnecessary operations. With this view, I have concluded to report the case, imperfect as it must necessarily be, as I did not keep notes of the case at the time. It is, so far as I know, the only case of the kind on record, with one exception—that reported by Ledran, (*Vide Velpeau's Surgery.*)

On the 23d February 1851, Robt. Barnetto, aged 14 years, an operative in the Salisbury cotton factory, had his foot caught between the roller and beater of the picking machine, and all the metatarsal bones, together with the soft parts, divided, with the exception of an inch of the sole, by which the toes and the tarsal articulating ends of the metatarsal bones were held to the foot. The beater is half an inch wide across its *casting* face, and the bones its whole width were crushed into minute fragments. When I saw him, there seemed to be but one course to pursue—to complete the amputation. The hemorrhage had been considerable, but had nearly ceased when I saw him. His father, after the danger of tetanus and the comparative worthlessness of the foot, (as I thought,) even if he escaped tetanus and recovered, had been plainly stated to him, insisted upon an attempt being made to save the foot. To this I reluctantly consented. After sponging out the wound well, I picked out with a small pair of forceps 10 or 12 small fragments of bone. I then placed the foot in as near its original position and form as possible, and measuring the sound foot to get the proper length, I supported it in this position by a splint, the width and shape of the sole of the foot, one inch longer, retaining the splint by a bandage around the ankle and fastening the toes to it by two or three turns of a narrow bandage. A few stitches of interrupted suture and two straps of adhesive plaster concluded the dressing, giving him an opium pill sufficient to produce sleep. I directed a cloth wrung out of warm water to be constantly applied to the foot. In two or three days the wound was suppurating freely and a few small pieces of bone came out on the inner side of the foot. His condition was favorable until the 10th day, when there was considerable twitching of the foot, leg and hand of the same side. Large doses of opium controlled this, and it became necessary to use opium with diffusible stimulants for 10 days afterwards, as whenever the opium was discontinued the twitching returned. Granulations sprang up freely and the discharge was healthy, the foot wound healing up, except an inch on the inside, which I kept open for three months, breaking up the adhesions at every dressing. From this time it was permitted to close up gradually. It is now entirely healed, (fourteen months since the accident,) having its proper shape

and length. There is no motion in the line of the cicatrix, and the space is filled up with bone. He wears an ordinary shoe with ease and comfort—has perfect use of the foot, and can flex or extend his toes as well as ever. There is no awkward movement or limping in walking. To-day I saw him at play with his companions, and in running he seemed as fleet as any of them.

Salisbury, No. Carolina, April 1852.

Case of Erysipelas of the Penis.

BY DRs. PETER AND ROBT. HALES.

The subject of this case, a young man æt. 27 years, was laboring under an attack of gonorrhœa at the time, for the cure of which complaint he used, by the directions of a quack, strong injections of the sulphas cupri, and under this treatment the urethral discharge soon ceased, but great pain and swelling of the parts speedily ensued.

1851—Nov. 29. We saw him together to-day for the first time. The entire penis enormously swollen, glands, frenum and prepuce presenting a fiery red, tense, shining appearance. The urine passed in sufficient quantity, although severe pain attended every effort; bowels costive; smart fever. We touched the entire inflamed surface with a stick of lunar caust. and directed the slippery elm poultice to be applied constantly; also pres. cal. gr. i, ipecac gr. ss, nit. potass. gr. iv (every four hours,) also a purgative dose of pulv. rhei at bed time.

Nov. 30. Swelling of the penis slightly abated this morning, and of a paler appearance; some trifling gleety discharge; bowels not yet moved; still some fever; touched the inflamed surface again with lunar caust.; advised a continuation of poultices, and pres. purgative doses of pulv. rhei and jalap every four hours; also ipecac. gr. i, saltpetre gr. iv, at bed time.

Dec. 1. Bowels still not acted upon, but the swelling is diminishing rapidly and the parts assuming a more natural hue; urethral discharge much increased; a small ulcer, the size of a buckshot, appears on the right side of the frenum near its junction with prepuce. The same internal medicine continued, with addition of aloes gr. v, to the purgative, and this to be stopped so soon as the bowels should be well operated on; again applied caust. to the most fiery part of inflamed surface; dressed ulcer with lint, and continue poultices.

Dec. 2. The ulcer presents a red and bleeding surface, but discharges a healthy pus; the bowels were moved twice yesterday, after the first dose of medicine, and once again this morning; the gleet is on the increase and swelling declining; no fever.

It is needless to continue the daily report of this case, as he continued to improve under the same course of treatment, modified according to circumstances; in five or six days the inflammation and swelling of the penis had entirely subsided, ulcer healed, and nothing but the original clap remained; this proved rather obstinate, but finally yielded to injections of arg. nit. (gr. ii to $\frac{3}{4}$ i of cold water.) He is now well and has been so for the last three months. We believe that the obstinate costiveness was owing to the highly excited state of the general system, produced by the local inflammation; that the inflammation itself was caused by the strong injections of sulph. cupri, and finally that the arg. nit. was the chief remedial means in subduing it.

Buckingham County, April 1852.

Pathology and Treatment of Hooping Cough.

In a letter to the editor, Dr. WILLIAM J. WALLER, of Gloucester county, Va., gives his adhesion to the "conjectural pathology" of Pertussis, broached by Dr. Madison in the October number of this journal.

Dr. W. says, "Believing then, as I do now, that hooping cough is a very obscure disease, and having gathered little or nothing from its pathology from *the books*, I determined to adopt Dr. M.'s pathology, whether 'conjectural' or not, and whenever an opportunity should present itself, to try his plan of treatment." * * *

"During the month of February, I had an opportunity of testing the practice in five or six of the most severe cases which I ever encountered, and I found this treatment (a single blister to the nuchæ) to prove more efficient than any other which I had ever adopted. All my cases recovered rapidly and without a vestige of cough remaining—some were complicated with other serious disorders, but the treatment was uniformly the same—paying some attention to the condition of the bowels, &c. as occasion demanded."

Dr. W. hopes that other members of the profession will investigate this subject and give the result of their experience.

Our pages are open to the *experience* of all.

EDITORIAL AND MISCELLANEOUS.

Health of the Season.

We are induced to say a word on this subject in consequence of reports, which we hear are in circulation in the country, which, while they are without truth, are detrimental to the interests of our city.

It is believed by some that the *cholera* is in Richmond, and we constantly hear of "a case which occurred," but upon enquiry we have uniformly found that the report was a fabrication, either of a fool or an alarmist; cherry-morbus, colic and diarrhoea, from gross imprudence, always exist at this season of the year; and some cases prove fatal; if these fatal cases are rapid ones, there is usually some person in the neighbourhood ready to suspect cholera, and thus the report goes abroad that the disease is here, and it is credited and exaggerated in the country. We have the best reason to believe that the city of Richmond, and its environs, are as free from cholera as they have ever been. Summer complaints, diarrhoea, dysentery, cucumber colic, and such like are common, and we dare say that if there were any reliable system of registration of deaths here, it would prove that the months of May and June have constituted the *sickly season* of Richmond. But there is nothing wonderful or alarming in this. The principal practitioners of the city are united in the opinion, that the spring and early summer are the sickly season here, and *not the autumn*, as is commonly believed. This statement, we believe, was made in Dr. PATTESON'S report on hygiene, public health, &c. made to the late meeting of the state society.

There is another cause of alarm in the country which we desire to notice, merely because it may deter persons from visiting this city who might otherwise do so, either on busi-

ness or pleasure. It is the belief that *smallpox* is rife here. This is a great mistake. In all towns of 30 or 40,000 inhabitants, there are *at all times* some cases of varioloid, or even a case or two of pure variola, and such has been the condition of this place. It is true, that there were one or two *extra* cases of smallpox brought here in the spring on ship board, but the city is as free of contagious diseases as it has ever been, and no one need apprehend danger from a visit or sojourn here.

From all quarters of this state and North Carolina we hear that diarrhoea, and in some places enteritis and dysentery, prevail to such an extent as to give it the character of an epidemic. They have not been so fatal here, except in cases of children and of infirm and broken down constitutions.

Local Organization.

The physicians of Richmond have held several meetings of late for the purpose of securing to themselves the benefits of an organization for their mutual improvement, and for their own government.

On the 12th of June, a constitution was adopted, and the MEDICO-CHIRURGICAL SOCIETY OF RICHMOND CITY was temporarily organized. It was determined that the Society should meet on the first Tuesday of every month, and a committee was appointed to confer with the executive committee of the Medical Society of Virginia and to effect an arrangement with that body for the use of a common hall.

An arrangement has been made with the executive committee by which the Medico-Chirurgical Society, will have the use of, and hold in common, the hall of the Medical Society of Virginia, which is a fine room on the corner of Main and 12th streets. The room will soon be fitted up in handsome style. In it will be placed the herbarium, museum, library, &c. of the two societies, and it will be a pleasant and profitable place of resort for medical men. We predict and wish for the Medico-Chirurgical Society complete success, and we

shall always take pleasure in laying before our readers reports of its proceedings which may prove of value or interest.

The election of officers was postponed until the July meeting.

Pharmaceutical Society.

We are glad to be able to announce that, at last, a movement is on foot to establish in our city a Pharmaceutical Society. All the preliminary steps have been taken, and probably by the time this number is circulated, the society will be fully organized. We believe that every apothecary in the city has signified his approval of the scheme, and unless there be a conflict of interests—dollars and cents—which will prove fatal to the movement, we have no question of its success.

We hope this enterprise will succeed fully, and our pages are open for all its scientific and literary labors, and, if favored with them, we shall notice all its transactions.

Dr. Brown Sequard.

We became acquainted with this gentleman at the late meeting of the American Medical Association. He is well known to all who have watched the progress of physiology during the past year or two. We are pleased to hear that Dr. S. has made this country his home for the future, and that he will continue those valuable scientific labors which he has been conducting in Paris, on Practical and Experimental Physiology, in Philadelphia. We learn that Dr. S. has commenced a course of lectures in that city, on physiology, which are illustrated by vivisections and experiments which must prove of great value and interest. We sincerely trust that this *savant* will be encouraged. That he will meet with the same success which *Bernard* found on attempting a similar enterprize a few years ago in Paris.

In a few years it may not be necessary to go to Paris for any of those great medical advantages which cause so many

now to flock there. Let us build up great hospitals, écoles pratiques, private lectureships, &c., and our country will be equal to any other in these things.

The Carolina Twins.

BY THE EDITOR.

We were favored by Mr. Purvis, the owner of them, by being permitted to make a pretty minute examination of these twins while they were on exhibition in this city.

They are the most interesting and marvellous natural curiosity which we have ever witnessed, and had we not relied upon a friend for an anatomical description of them for publication we should not be compelled to give the following meagre account ourselves.

They were born in North Carolina in July 1851. The mother is a very stout negress, aged 31 or 32, very fat and of large frame and pelvis. She had borne three children at as many previous accouchements. Her labor in this case she describes as being, as usual, brief and easy. The larger child was born first by a head presentation and the second came by the breech. It is somewhat smaller and less strong and vivacious than the other. They are remarkably sprightly and healthy children, of natural size, and are perfectly formed, but *they are united at the sacra*. The bond of union seems to be chiefly cartilaginous, but the sacra are so closely approximated that some suppose that there is osseous union of those bones. The pelvis of each is distinct and well made, though I could not discover either coccyx. There is but one anus and one sphincter ani, but there are many reasons for supposing that the common rectum does not extend higher than half an inch before it bifurcates. When I saw them, the elder and larger one was in a tranquil sleep, but it was awakened by the action of the bowels of its sister, who was then laboring under a diarrhoea. The mother told me that whenever one had an evacuation of the bowels, both children *strained together*.

There is but one external organ of generation, though the folds of the skin would seem to make for each the *labia externa*. The clitoris of each is distinct and the meatus urinarius of one is almost directly opposite to the other. They are distinctly seen, but I was unable to see where the septum which separates the vagina commences. It was my opinion that there was a common vagina for a short distance as in the case


of the rectum, but my friend Professor C. P. Johnson, who has since examined them, is under the impression, I believe, that the vaginae are distinct throughout.

Their usual position is upon their sides (the right side of the smaller one and the left of the other) with their necks bent so as to put the face upwards. Having now grown for a year in the recumbent posture thus bent, their faces and heads have become somewhat distorted laterally. The mother nurses them by lying first on one side, then on the other. She handles them awkwardly, and seems to have little idea of managing them. From their sprightly and intelligent countenances we have every reason to hope that they will soon acquire an education in the arts of sitting and of locomotion. They must sit back to back on one common seat, and take it by turns which is to walk forwards, while the other must lock step backwards, *a la militaire*.

It is sincerely to be hoped that these little phenomena may be spared, and that they may both live to enjoy life, to exhibit a most curious example of nature's freaks, and to afford illustrations of physiological laws which are as yet unknown, or at least, unsettled. We recommend to all medical men to lose no opportunity of visiting them, and it will be a gratification of no idle curiosity to examine them carefully, for they are far more wonderful than the famous Siamese twins which have created so much curiosity and scientific speculation. Health and long life to the NORTH CAROLINA TWIN SISTERS.

Death of Professor J. B. Rogers.

We learn from the New Jersey Medical Reporter, of the death of Dr. JAMES B. ROGERS, Professor of chemistry in the University of Pennsylvania. We have not as yet seen the particulars.

 In the roll of fellows of the Medical Society of Virginia, published in our last, and also in the official roll, there were several omissions and numerous errors. Drs. R. H. BEAMAN, of Suffolk, Va., THOMAS JOHNSON, of Richmond, and Jno. GOHAGEN, of Mecklenburg, were omitted.

It will be impossible to correct this roll until the next meeting, but then we would recommend to all to see that their

names are not changed by the elegance of modern chirography.

In reply to numerous applications to us to nominate individuals for membership, we beg to refer our correspondents to the constitution, where they will see that they can not be voted for till the next meeting, in April 1853, and then they must be "of good report, and well recommended to the committee on nominations."

Article X of the constitution, published on page 338, of our last number, should read as follows :

" Upon the requisition of any twelve fellows, the vote may be taken as follows: The roll of fellows from each county or town shall be called, and the votes of those present shall each count as the number of votes to which said county or town is entitled divided by the number of fellows present from it."

This provision was inserted at the suggestion of Dr. George Lee of Leesburg. While we doubt if any meeting will ever require a vote to be so taken, still we acknowledge that it affords a guarantee against any local power or influence, and it affords an opportunity, at all times, to take the sense of the absentees, so far as it can be expressed by their countymen present. Thus, if Accomack has thirty fellows, but only three of them are present, each one's vote will count ten, and there may be 20 ayes, and 10 nays, or *vice versa*, on any proposition.

We hope that the compromise, as it was called, will be as satisfactory as it is easily understood.

The closing exercises of the late session of the University of Virginia took place on the 29th June.

The degree of DOCTOR OF MEDICINE was conferred upon the following named gentlemen :

J. F. Beavers, Danville ; J. C. Broun, Loudoun ; H. C. Caldwell, Lewisburg ; H. J. Churchman, Staunton ; John Dove, Richmond ; T. B. Graves, Sussex ; T. M. Matthews, Cumberland ; H. N. Nash, Norfolk ; R. S. F. Peete, Charlotte ; H. J. Smoot, Shenandoah ; S. R. Swann, Powhatan ; C. Wheeler, Clarksburg.

Reviews and Bibliographical Notices.

The Principles of Surgery—By JAMES MILLER, F. R. S. E., F. R. C. S. E., Author of a Treatise on the Practice of Surgery; Surgeon in Ordinary to the Queen of Scotland; Professor of Surgery in the University of Edinburgh; Senior Surgeon to the Royal Infirmary, etc., etc., etc. Third American, from the second and enlarged Edinburgh edition. Illustrated by 240 engravings in wood. Revised, with additions—By F. W. SARGENT, M. D., Member of the College of Physicians of Philadelphia; Author of "Minor Surgery," etc.—*Philadelphia: Blanchard & Lea. 1852. 8vo. 745 pp.* From the publishers, through A. Morris.

It is seldom that we have such a work as this to notice. The profession are under obligations to the publishers for this last edition, gotten up, as it is, in a style rarely equaled, and edited by one of our most capable and cautious men. Dr. Sargent has added many valuable notes to this edition, on subjects not so elaborately treated in the text, but he has not encumbered the volume.

To those acquainted with the former editions, we have only to say that this one is really much superior. To those who do not possess the work, we earnestly recommend it to their notice. It is, in our humble opinion, the most complete, reliable and valuable book in the English language on the *principles* of the science of surgery. Indeed, it is the best treatise on surgical pathology with which we are acquainted, and deserves a place beside Williams' Pathology and Druitt's Handbook of Modern Surgery.

We have reason to know that the great Liston pointed with pride to this effort of his own pupil.

In an appendix, Professor M. gives a valuable chapter on his "surgical experience of chloroform," which we commend to the reader as containing many good hints in regard to its use and mode of administration. In some future number we hope to present our readers with a few extracts from this highly interesting chapter.

Lectures on the Principles and Practice of Surgery—By BRANSBY B. COOPER, F. R. S., etc. etc. *Philadelphia: Blanchard & Lea.* 1852. 8vo. 771 pp. Received through A. Morris, from the publishers.

Bransby Cooper has, for a considerable length of time, occupied a high position in English surgery. Being known as the senior surgeon to Guy's hospital, and as a lecturer of eminence in the British metropolis, we have to regard him as high authority. His frequent very valuable and practical contributions to the periodicals have given him a wide fame, and they have enriched surgical literature.

This book, unlike the one above mentioned, is a practical treatise, embodying, in the form of lectures, the experience of the author and the views which he takes of the principles and pathology of surgery.

It is accompanied by an elaborate index, and every chapter is preceded by an epitome of its contents. We may compare it to Watson's *Lectures on the Practice of Medicine*; and upon the whole, we consider it a good reliable authority, and its arrangement is such as is well adapted for easy reference.

Obstetrics: the Science and the Art—By CHARLES D. MEIGS, M. D., Professor of Midwifery and the Diseases of Women and Children in Jefferson Medical College at Philadelphia, etc., etc. Second edition, revised. With one hundred and thirty-one illustrations.—*Philadelphia: Blanchard & Lea,* 1852. 8vo. 759 pp. Received from the publishers, through A. Morris.

This is an improved edition of the same work put forth a few years since by that indefatigable writer, close observer and industrious man. Dr. Meigs' original genius and bold imagination have placed him in the foremost class of American literati.

It is needless to state here anything about the book or its contents, for those of our readers who were not instructed under the voice of Dr. Meigs, have his opinions and his book. The large first edition being exhausted, the second one has been presented to the medical world, fresh from the careful revision of the author. He dedicates it "*to the eminent western physician, philosopher, gentleman and scholar, DANIEL DRAKE,*

M. D., of Cincinnati," who is a man, we take it, of very much the same order of genius of Dr. Meigs.

It is but necessary to announce that the edition is on sale at the bookstores.

A Treatise on the Practice of Medicine—By GEORGE B. WOOD, M. D., Professor of Theory and Practice of Medicine in the University of Pennsylvania; President of the College of Physicians of Philadelphia; one of the Physicians to the Pennsylvania Hospital; one of the Authors of the Dispensatory of the United States of America, etc., etc. Third edition.—Philadelphia: Lippincott, Grambo & Co. 1852. In 2 vols. 8vo. 847—853 pp. Received from the Author.

This work, which is so popular with the profession already, is still growing rapidly in favor. It is a splendid piece in the proud arch of American medical productions. It is already made the text book in many of the principal universities on this continent; and well does it merit the honor, for as the Boston Journal says, the author does not make the usual grand display of erudition by making almost his sole references to Boerhave, Cullen, and other defunct authorities. Dr. Wood has, for a long time past, been in the habit of reading almost all the medical periodicals, and thus he has kept himself *well posted* in medical science, and is thereby enabled to present to his readers all the improvements and discoveries which the busy age is constantly suggesting. Microscopy, chemistry and physiology, as well as accumulated observation, are uprooting well received opinions, and altering pathology when not extending its domains. The author of an elaborate treatise on the practice of physic, then, must toil and labor incessantly at the ephemeral literature of the science. This necessarily consumes much of his time and gives superficial thinkers the idea that "the best author on the practice of medicine is he who sees and does the most of it;" but this logic is false. We are free to acknowledge that it is applicable to the *clinical lecturer* to some extent, but the other must deal much in theory, and lay before his readers and hearers all the opinions of modern acceptation and clear reasoning on them.

We can safely recommend the last edition of Wood's Practice as being fully up with the times, and we place it beside Watson, which we have hitherto regarded as probably the best treatise which we possess.

The large demand will cause it to be found in all the bookstores.

This number is unavoidably delayed, and we have neither time nor space to notice the large number of books and pamphlets which have been received.

In our next we will notice *Frost's Syllabus of Materia Medica*, *Fenner's Southern Reports*, *Linton's Outlines of Pathology*, *Green on the Throat*, *Bartlett on Fevers*, *Reese's Analysis of Physiology*, *Traité sur le Rachite, par le Docteur Beylard*, and numerous pamphlets.

The Slandering Quack.

"Dis ish pisin,—te vomans vill tie if he takes tem in te pelly."

MR. EDITOR,—Permit me to direct your attention to the *Slandering Quack*; a variety of that interesting species of the genus, which, I believe, has not yet had its characteristics exposed to public view, by means of the SCALPEL; and which has, within a few years, increased to a fearful extent in this city. The individuals of this description who may now be said to form a part of that heterogeneous compound, called the "Medical Faculty of New York," have their origin, for the most part, from the scum of ignorance and depravity, which abounds in some of the densely populated countries of Europe, where, no doubt, many of them graduated in the shops of village apothecaries, or the culinary departments of the great hospitals. But no sooner have they entered this *Paradise of Humbugs*, than they become, by the aid of a vast amount of brass, a little tin, and a few ounces of paint, learned "surgeons and physicians." And when one of them is sent by some gossip from "fatherland," or the "land of fogs," to see the patient of a respectable practitioner, he examines the medicines prescribed, without the slightest regard to common courtesy, shakes his head, or shrugs his shoulders most ominously, and then gravely pronounces sentence in broken English for the benefit of the neighbors: "Dis ish pisin,—te vomans vill tie if he takes tem in te pelly;" or, if he be the friend of *frogs and revolutions*, "bah! zat Doctare Amerique give de pashen von, shree, fore doze de mercure, vat makee de mort."

The attending physician is forthwith discharged. The "new doctor" prescribes bags of "toasted oats," or some other equally potent remedy; and to confirm the friends of the sick in the correctness of his opinion, "wisely keeps for show" a portion of the *deadly poison*, which he pretends to analyze.

Then his profound erudition is lauded, and his fame spread far and near by his countrymen. And soon the important air, the twirling cane, and the massive gold chain, proclaim to the astonished natives, how fortunate he has been in finding such an easy stepping-stone to "success in the profession."

Now, sir, what is to be done with these ignorant, presumptuous quacks,—these loathsome, fungoid excrescences upon the great body of the profession? They are too far beneath the respectable, educated physician, to receive from him the application *pedis ad caudam*, which they so richly deserve. A civil suit would be time and money wasted; and as for a criminal prosecution, it is found that they confine their slanders, in which they deal profusely, to those from whom the truth cannot be elicited on a trial. I believe the only remedy is the **SCALPEL**. No cases can be found more deserving of attention; and they can be furnished, and names and numbers given. And as you, unlike Macbeth, invoke no "thick night" to spread its "pall,"

"That your keen knife see not the wound it makes!"

if you will consent to perform one or two operations, that would expose to the public gaze the malignity of *the complaint*, with all its aggravating circumstances, it would teach the vile slanderers that they cannot, with impunity, abuse the privilege which our very liberal laws grant them, of practising upon the credulity of the ignorant.

LAESUS MEDICUS.
[*Scalpel.*]

Anonymous Writers and Personalities.

Although fully appreciating the benefits of a free press, and of the multiplication of media for the diffusion of knowledge and morality, we cannot refrain from the expression of the profound regret with which we have observed, especially during the last twelve months, certain periodicals ostensibly devoted to the cause of medicine, allowing their pages to be prostituted by anonymous writers to the grossest personalities and misrepresentations, and occasionally containing even editorials equally objectionable. If licentiousness in secular newspapers be an evil deeply lamented by all good men, how much more must it be desecrated when found invading the sacred arena until now reserved exclusively for the efforts of minds in search of scientific truth and usefulness!

We would not do injustice to the medical profession of our country, by supposing that such journals can ever secure or retain any countenance. Yet their demoralizing influence is incontestible, and can only be arrested by an immediate withdrawal of patronage.

The whole medical profession of Georgia, and some of its members in particular, the medical society and the medical college, have been repeatedly and are still being made the subjects of most scurrilous anonymous communications to medical journals published at a distance, and in various quarters of the Union. The articles are not dated from any particular point, and bear different "*noms de guerre*;" yet their style and general bearing shew them to be all written by the same pen, and to have been indited in Georgia. Editors at a distance can surely have no good reason for not rejecting at once such miserable productions; and we have been induced to make the above pointed allusion to articles bearing upon our own state, in the hope that their eyes may be opened to the plan by which they have been misled.—*South. Med. and Surg. Jour.*

[We think the "good reason" for editors at a distance not rejecting these filthy productions, is the fear of not gaining the little circulation among the lower order of medical men, which their insertion secures to them. "Birds of a feather, &c."—ED. STETH.]

The Benevolence of Landlords; the Condition of the Work Rooms and Sleeping Apartments of the New York Sewing Women.

The article in our last number on the "Toilette of the New York Ladies," and that on "The Causes of Early Decay in American Women," enumerate so many reasons for her physical inferiority, that an attempt at a further exposition meets us on the very threshold as likely to fail from scarcity of matter. A just estimate, however, of the causes that unite to depress her vital forces, can only lead us to the conviction that the evils have not been half exposed. From the moment of her appearance till she makes her final escape from the world, her deceivers relax no effort, but present her the gilded pill with every variety of seductive blandishment, until, bewildered and dazzled with flattery and falsehood, with a body and mind enfeebled by dissipation and the absence of all plan

in her education, she falls a victim either to disease or premature matrimony, and is spoken of for a little time as an unfortunate instance of the "inscrutable Providence of God," or the phrase is varied by the devout expression, "God has mercifully removed her from a world of sin and sorrow." If she survive the first grand era of her misery, and continue to drag out a wretched existence in the gloomy solitude of her chamber, or act the part of a slave to half a dozen vicious and uneducated children or a drunken husband, she is consoled with the assurance, "whom the Lord loveth he chasteneth," or some other inane twaddle is presented to lead the mind away from the true causes that have effected the pitiable result, and cover up the dereliction of the heartless impostors who have contributed to its consummation. Who are these enemies of woman—these executioners of our daughters and mothers—these destroyers of domestic happiness, and nurses of vice and intemperance amongst our young women? We answer, the physician, the clergyman, and the schoolmaster! To them is committed the duty of directing her health and education; and it is vain to deny, that for any extensive departure from the great end of her existence, viz: an equal balance of the intellectual and physical faculties, the sin must lie at their door. This is our faith, and we shall never shrink from the avowal. How far our own profession have incurred the sin of dereliction of duty, it has been our special business to explain; but we find it impossible justly to shoulder all the blame, and must in all honesty and sincerity beg our friends the clergy and the schoolmasters to help us to sustain the load or to aid in throwing it off.

But it is only to them as defaulters in the legitimate exercise of their duty as public instructors in the medical college, the school room, the public journals, and the pulpit, that we hurl our anathema. Their lack of pecuniary ability has not enabled them extensively to enter the lists as the executioners of woman, in the character of the landlord and manufacturer: that office has been reserved for those well dressed and well kept gentlemen, who "patronize" their more unlucky professional brethren because they cannot help it. The world requires them to nurse their morality: they must have medical attendants, priests and schoolmasters. During the week, they may be seen sitting in their arm chairs in their counting rooms, whilst some hard featured, soulless, hired myrmidon, is narrowly inspecting the seams of a shirt or a vest and a pair of pantaloons, the work of some feeble girl or heart-broken mother, and often refusing her the wretched pittance promised for it under pretext of its imperfection!

When the miserable Shylock has accumulated sufficient means, he forthwith proceeds to "invest" his murderous gains in a way that enables him to realize double profits and to quadruple his power of destroying life: he erects houses for the accommodation of his heaven forsaken victims. Let us look into these "comfortable apartments," and see what our philanthropist has been doing to help the salvation of his soul.

Since the establishment of our weekly clinique for the poor, our attention has been drawn with renewed earnestness, to the condition in which great numbers of delicate girls drag out their existence in the work rooms of this city. In many instances we know, from ten to fifty are occupied from early morning to night, and in busy seasons to late hours at night, in sewing, artificial flower making and various other pursuits, in a confined atmosphere and constrained position, that is enough of itself to account for their blanched cheeks and tottering steps; but when we know, as we do from personal enquiry of themselves and their parents, that the accursed cupidity of landlords, in many instances, in the lower parts of the city, has failed to provide those conveniences for nature's relief that common humanity, to say nothing of decency, demands, our indignation is excited, and we are impelled to urge the subject upon the profession and the health wardens as a fit one for presentation to a grand jury. The condition of their dwellings has long been a proper subject for investigation by the same body. We know several instances where immense buildings are erected, covering the entire lot, with long piazzas one above another to three and four stories in height, and a room twelve feet square, with two bed rooms, each less than six feet and each containing two beds, with a couple of children in each, one or both parents lodging in the larger room, making ten breathing creatures in this space, only adequate for one, and no ventilation other than a stove pipe of four inches passing from a cast-iron stove into a flue. And these dwellings are rapidly increasing in this city. Two of our own profession own and let two of them to dozens of families, and for aught we know, they possess others. Gracious God! and this in happy America!

Whilst the wretched young girl is thus deprived of the vital force necessary to assimilate that wholesome food which she has neither the money nor the time to purchase or prepare, even if her half poisoned blood would stimulate her stomach to call for it, her more fortunate and wealthy sister may be seen at some of those flaunting confectionary establishments in Broadway, destroying her natural appetite with painted and varnished filth in the shape of food, and not unfrequently

stimulating her feeble powers by drinks she would not like to hear called by their true names. Look at the gait of one of these fashionable ladies as they promenade the street, and tell me whether her step does not prove her bodily feebleness before you look at her bloodless lips. If there be one truth better known than another in the sublime science of physiology, it is that which assures us of the necessity of the more highly organized animal food as an absolute requirement of healthy blood. And if there be another no less certain, it is that watery and weakly animalized blood, produces feebleness of the nervous system, exhaustion of life power, and the deposition of tubercles in the lungs, and the whole catalogue of uterine diseases. Medical treatment is utterly absurd, where the air of the sleeping apartment and work room in which the patient spends her life is rotten with foul exhalations! It is this very foulness, only in a more concentrated degree, that produces typhous fever amongst the wretched victims of church and commercial cupidity, as they are conveyed to our country in those horrid receptacles, the emigrant ships.

Unless the subject can be brought before the grand jury, and some stringent laws created, our city, ere long, will be as dangerous to visitors as the plague cities of Europe. There is a single house in Henry street, ostensibly designed for the better class of the poor, which contains from thirty to forty families! And we know several in other parts of the city, none of which contain less than twenty! We are prepared to shew that three lots, at \$2,000 each, and two of them, one on each side, occupied by a substantial four story building, each covering the whole lot, with verandahs running round it, and leaving the centre one entirely open and planted with grass, and in winter covered over with a glass roof, the whole containing baths, gas, and a separate water closet to each three apartments, may be beautifully and plainly built, and yield ten per cent. at such rents as would allow mechanics to occupy the lower floors, and work women the upper ones, and all enjoy the comforts of life even at the present oppressive prices of our markets. We will gladly go into the detail with any capitalist, and convince him of the fact. For God's sake, let something be done.—*Scalpel.*

Professor Henderson and Homœopathy.

Professor Simpson narrated, at a late meeting of the Medico-Chirurgical Society of Edinburgh, the following amusing account of the conversion of Dr. Henderson to homœopathy:

"Some eight or ten years ago an old schoolmate of Dr. Simpson, having begun business as a homœopathic druggist in Liverpool, kindly sent Dr. S. a present of a small box of homœopathic medicines; and a very beautiful painted box it was. During the time it was in Dr. S.'s possession he put it only to one use, viz: he gave it as an occasional plaything to his eldest son, who was then a child. The boy, revelling in his permitted amount of mischief, used in his sport to uncork the small bottles, empty their globules into a heap, and then refill the bottles from the general mass. Of course this had speedily the effect of altering and disarranging the contents of the entire liliputian drug shop; the globules pertaining to the different bottles were more or less thoroughly mixed together; and sometimes when the child was tired of his occupation, others at last refilled the bottles from the general heap. A professional brother happening to call at Dr. S.'s house one day when Dr. S. was absent from home, saw the box, and put it in his pocket. Many weeks afterward, the new proprietor of the box met Dr. S., and told him that he had been trying to practice homœopathically, at which Dr. S. expressed his regret; and he added that he had seen some wonderful effects and cures from using the drugs contained in Dr. S.'s own former homœopathic box! Wrongly, perhaps, as Dr. S. now thinks, he did not at the time, tell his physician that the globules of the bottles which he had been using were elaborately commixed; but the whole struck him as so good a joke at the moment, that he thought he would reserve it to bring it out upon his friend on some future and more ripe occasion, for the purpose of laughing him out of his homœopathic delusion. But, unfortunately, matters hastened rapidly on, the physician became more and more a homœopathic, and then it became too serious a matter to joke about, when he actually published a list of supposed homœopathic cures. The whole thing assumed so grave an aspect, that he never mentioned it until the physician who had appropriated the box, had become far too hardened in his homœopathic practices to allow of any hope of his reconversion.

"Mr. Syme begged to ask who the practitioner was that had been converted to homœopathy by watching the effects of the globules contained in Dr. Simpson's mixed homœopa-

thic drug-box ; and he hoped for the sake of the profession in Edinburgh, Dr. S. would have no objections to mentioning the practitioner's name.

"Dr. Simpson said that the practitioner alluded to was Prof. Henderson."—*Edinburgh Medical Journal*.

The Microscope as a means of Diagnosis.

One occasionally hears the question asked, "Have you any faith in the microscope?"—and asked, too, in such a spirit as to convey the answer in the question. This expression of doubt as to the value of this inestimable instrument, has, in a great measure, arisen from confounding the statement of the facts observed with the conclusions drawn from them by the observer. A microscope, such as can now be had for a very reasonable sum, cannot err. It may not be able to reveal all that may be essential to minute structure ; but it cannot add anything of itself to that which is placed beneath it for examination. The microscope is to the eyes of ordinary observers what a pair of spectacles is to the eyes of the short-sighted. Both individuals are enabled to see that which is invisible to the unassisted vision. It is when the observer begins to interpret that error commences ; and it is to him, and not to his instrument, that the question as to faith applies. Well, then, does it become those who seek to make use of the microscope—and who can now-a-days do well without it?—to endeavor to render themselves competent interpreters of what they see, and until the accomplishment is obtained, to confine themselves to a description of facts.—*London Lancet*.

[These remarks are equally as applicable to the Stethoscope.—Ed.]

California—Her Hospitals—Prevalent Diseases—Mortality, etc.

Through the kindness of a friend, we have recently received the Report of the Trustees and Physicians of the *Sacramento State Hospital*, from which we glean the subjoined interesting facts and statistics :

The hospital was opened for the reception of patients on the 28th of May, 1851, and consequently had been in operation up to the 10th of January, 1852, when this report was made out, seven months and thirteen days. During these seven months and thirteen days,

The whole number admitted was	-	-	592
“ “ discharged,	-	-	415
“ “ died,	-	-	72
Remaining in hospital,	-	-	104
For the same time there were admitted in insane de-			
partment,	-	-	38
Discharged cured,	-	-	16
Remaining in hospital,	-	-	22
Received from San Francisco,	-	-	20

We append some of the principal diseases for which the 592 patients were admitted, in order to indicate the influence of climate upon emigrants :

Admitted of bilious remittent fever 123 ; of rheumatism 49 ; of intermittent fever 46 ; of typhoid fever 33 ; do. mental derangement 38 ; do. diarrhoea 38 ; do. wounds of various kinds 30 ; do. Panama fever 23 ; do. erysipelas 11 ; and scorbutis 11.

The foregoing seem to be the prevalent diseases for which patients were admitted into the Sacramento state hospital. The other diseases which go to complete the list are such as are met with in our hospitals in this portion of the United States, and therefore deserve no special notice.

Of the 592 admissions 72 died, and of the following diseases : Dysentery 8 ; abscess 1 ; consumption 5 ; diarrhoea 14 ; bronchitis 4 ; enteritis 2 ; cerebritis 4 ; scorbutis 1 ; hemiplegia 1 ; erysipelas 2 ; anasarca 1 ; coxalgia 2 ; fever, congestive, 2 ; fever, bilious remittent 5 ; scarlatina 1 ; bowels, ulceration of, 1 ; fever, typhoid, 13 ; fever, Panama, 4 ; delirium tremens 2—making a total of 72 deaths out of 592 admissions.

Of the admissions, 342 were natives of the United States ; and 250 adopted citizens, representing 20 different foreign countries.

The Report concludes in the following words, as drawn up by Doctors Bryarly and Williams, the former the visiting, and the latter the resident physician, of the Hospital :

By referring to our report of the different diseases, it is easy to observe what may be considered as the prevailing diseases in this the northern district of California.

The largest number of any one class have been those of fever, particularly those of bilious remittent fever. This is not surprising, when it is considered that every feature of the country, and the general habits of the people, are most conducive to this disease. During the dry season the miners are compelled to resort to the rivers and water courses for work ; here they are exposed to all the miasma originating from the decomposition of the vegetable matter from the overflowed lands during the wet season. This produces intermittent, or common chills and fever.

The general living of these people is decidedly bad, not only in reference to their food, but more particularly in reference to their sleeping apartments. They either sleep in the open air, exposed to the sudden changes peculiar to our climate, or they are huddled into tents and cabins, where they cannot but suffer

from the effects of contaminated atmosphere. These things, connected with the fact that many of them work in the water six or eight hours each day, bring about such a state of the system and such a habit of body as render it peculiarly susceptible to take on the most malignant forms of every disease with which they are attacked. It is thus that our worst fevers are produced, and these are the reasons of their frequency in our district.

Although bilious remittent fever has far doubled the number of any other fever, it is to be observed that the mortality has been much less in comparison.

From our mortality report, the greatest number of deaths have been from chronic diarrhoea. This is the most formidable disease in our whole country. We find it mostly attacking those recent in the country, and almost always following the extreme debility of the acclimating fever, Panama, typhus or ship fever, to which it seems to be the most regular sequel. The neglect of this in its acute stage is followed by its passing into the chronic. The fact that there are so many existing causes, such as strong mental emotion of a depressing or anxious kind, exposure to dampness and cold, indigestible food, intoxicating drinks, bad water, and general debility, that oftener the organic disease, before coming under the treatment of a physician, is so great as to be out of the reach of human aid.

In some of the northern portions of this district, during the past summer, the erysipelas has raged as an epidemic with great mortality, and in some few places even now continues its ravages.

The counties of Shasta, Nevada and El Dorado have been the worst sufferers. In many instances every inhabitant of small mining camps has been attacked, often assuming the most malignant form, and proving fatal in a very few hours.

The most apparent cause seems to be, the peculiar constitution of the atmosphere, exposure to all weathers, bad and unwholesome living, general tendency to scorbutis, which, combined with a natural predisposition, and the contaminated air of crowded and ill ventilated apartments, are all calculated to render the subject peculiarly susceptible to erysipelatos inflammation.

It will be seen, that although situated in the interior, we have not been exempt from the reception of 'Panama fever' in our wards.

From the last steamer that arrived (the Northerner) fourteen of her passengers have been admitted here.

The appellation of 'Panama fever' is very common at the present day; but the cases from the Northerner can be much more easily recognized under the head of 'ship fever.'—*N. O. Med. and Surg. Jour.*

Experiments proving that Life may be preserved in warm-blooded Animals after the destruction of a considerable part of the Spinal Marrow.

BY E. BROWN SEQUARD, M. D., OF PARIS.

It was believed by all physiologists, until within the last three years, that the destruction of even a small portion of the spinal marrow was a cause of rapid death. Some experiments, the results of which I communicated to the Society of biology, at Paris, on the 2nd of December 1848, induced me to believe that death after destruction of a part of the spinal marrow, is more in consequence of hemorrhage than of any thing else. Since that time I have discovered that pigeons and many other birds are able to live and even to grow, after the destruction of nearly half of the length of the cord. (See the *Comptes Rendus et Mémoires de la Soc. de Biologie*, tom. 2, p. 28 and p. 49.) But I had never seen life continue more

than ten days in mammals, after the destruction of the whole lumbar spinal cord.

Recently, in New York, from experiments performed upon a young cat, I have discovered that life may persist more than seventeen days after the destruction of that part of the spinal cord which extends from the eleventh or twelfth costal vertebra to the sacrum. The animal is still living. Although paraplegic, it appears to be in good health. Since the operation was performed it has evidently grown much. In this case the animal was operated upon after having been rendered insensible by chloroform, a measure which I found useful in preventing a great loss of blood and the general nervous disturbance consequent upon such an operation.

Although unique till now, this fact proves that the continuance of life is possible in one species of mammals, after the destruction of a considerable part of the spinal cord.

From what I have seen in this last experiment, as well as in the large number of experiments I have performed during the last three or four years, I think I am authorized in concluding that the well known opinions of Legallois, Wilson Philip, Krimer, Chossat and others, in relation to the influence of the spinal marrow upon the heart, the stomach and lungs, upon the urinary secretion, and upon animal heat, are quite erroneous.

A Rape—the Doctors would have it

At the November circuit of Columbia county, Parker, J., Newton Gay was convicted of a rape upon the person of Sarah Pilling, and is now serving a ten years' term in Sing Sing state prison. It is at present ascertained that Miss Pilling most sacredly denies that he ever committed the outrage, and declares him wholly innocent, although she swore to the contrary at the trial! She has visited him in prison, has sought interviews with the governor and with the judge, soliciting his immediate pardon, and asserting her unhappiness at the result, and deep contrition for the enormous injury she has inflicted.

This case brings to mind another of similar nature tried before Judge Wright, in Sullivan county, a few years ago. The rape was positively sworn to by the female—the physicians testified to the mutilated condition of her person, her arms were black and blue, her garments torn, etc., and her appearance betokened the most brutal assault. The young man, who had always sustained the most exemplary character, was con-

victed and sent to Sing Sing. After having been there some six or seven months, his health became poor, and he was much enfeebled. But Providence prevented the sacrifice of his life. The female was taken sick, and on her dying bed confessed her guilt, declaring before Heaven that the laceration and bruises about her person were done with her own hands for the purpose of sustaining evidence. In this case it may well be said that

"Hell hath no fury like a woman scorned."

We should like to know of the *dramatis personæ* who felt the most *streaked*—the prisoner with his felon's shirt, the woman who *never* had it done, or the doctors who swore that it had been *done*. We would be under obligations to any one who would furnish us with the names of these lanterns in medical jurisprudence.—*Northern Lancet*.

New Treatment of Deafness.

"One of the latest efforts to restore to a deaf ear its original functions, consists in applying a cup that fits closely to the side of the head, round the outer ear, and exhausting it with an air-pump. A common cupping apparatus answers every purpose, provided the glass will fit so well as to prevent the ingress of atmospheric air under the edge. In a variety of cases, the simple process of carrying on this exhaustion till a new sensation is felt, something like extreme tension in the lining membrane of the meatus externus, is represented to restore the organ to its normal state. Under such circumstances, the theory of the remedy is, that deafness results from an impoverished flow of cerumen, in consequence of the inertia of the excretory ducts; and by taking off the atmospheric pressure, their proper fluid oozes out upon the tube, and instantly modifies the condition of the mechanism exterior to the drum. Having thus been roused from a state of torpor and suspended activity, they continue afterwards to act with energy. If they subsequently fall partially back to their abnormal condition, the pump must be reapplied as occasion may suggest. As there is no witchcraft about it, and almost every practitioner has a breast pump or similar contrivance by which an experiment could be made, and there being no hazard attending it, it may be worth a trial, and it is very possible that one out of a dozen cases might be essentially benefited by this simple operation."

The above notice, taken from the editorial department of the Boston Medical and Surgical Journal, will serve the purpose

of directing attention to a new remedy for deafness; but we cannot transfer it to our pages without comment. In the first place, deafness being a common symptom or result of various and very dissimilar pathological conditions of the auditory apparatus, it is evident that the remedy cannot be applicable to all cases. Nor are we prepared to admit with our respected brother editor that there is "no hazard attending it." It is highly probable, nay certain, that by undue exhaustion of the cups, the membrane of the tympanum may be ruptured. We have not tried the "experiment" upon the dead body so as to determine what force may be necessary to produce this rupture, nor do we know how much may be borne by the living without giving pain. Deafness is sometimes the consequence of an inflammatory condition, more or less acute, of the organ; in which state of things, it is difficult to conceive how the process can be otherwise than injurious.

When there is a defect of circulation or an atony of the parts, cupping, judiciously resorted to, may be useful. It may possibly be advantageous in cases in which the membrane of the tympanum is already ruptured, for then it might tend to dislodge matters contained in the cavity of the tympanum, by drawing a column of air through the Eustachian tube, and even to reopen this tube if it were obstructed.

A similar procedure has been somewhere suggested for the treatment of impaired vision. It may be remembered that a few years ago the newspapers were filled with the discovery, attributed to the venerable ex-president John Quincy Adams, of a simple method by which the use of spectacles might be dispensed with by the aged. This consisted in the frequent though gentle compression of the sides of the eye-ball, by placing the thumb upon the external angle of one eye and the middle finger upon that of the other eye, and slowly approximating them towards the root of the nose, so as to elongate the axis of vision. We know persons of intelligence who affirm that they have been thus very much benefited. Whether the relief be attributable to the effect assigned, or to the tonic influence of the combined pressure and friction, is not the question before us. For the purpose of elongating the visual axis, however, an india rubber cup has been invented and is to be found in the shops. It is simply a half globe, which when flattened and applied to the orbit, reacts by its elasticity, and in resuming its original form, tends to draw out the eye by the vacuum thus occasioned. Now this little instrument must have the effect of producing a congestion of the eye which is not without risk, especially if often repeated.—*Editor of Southern Med. & Surg. Journal.*

A Rhyming Physiologist.

Dr. John Morford Cottle, London, has just issued from the press of Highley & Son a "Manual of Human Physiology for Students," to which is appended, at the end of each chapter or subject, summaries in rhyme of the chemical composition of the fluids and solids. The worthy author seems to place a due estimate on the pleasures and importance of verse, as well as the defects of human memory, which it is designed to aid. Here is an example :

Let twelve, two and fifty present in this rhyme	
The carbonate (12), fluato (2), and phosphate (50) of lime :	12, 2, 50=64
For fat (1) and magnesia, and soda (1), each one ;	1, 1, 1= 3
Same for salt of the kitchen (1); before you have done	1
Give the balance to gelatine ; then you will own	31
	<hr/>
You've in relative numbers one hundred of bone.	100

Western Lancet.

Description of a New Instrument for the Treatment of Polapsus Uteri.

BY JOHN JONES, ESQ., OF DERBY.

It consists—1, of a belt with two pads, to support the abdominal parietes ; 2, a bandage with one pad, to support the vulva and perineum.

The belt, four inches and a half broad, is made of strong holland, lined with wash leather, and padded with horse-hair. Two pads, united by a strip of vulcanized india-rubber, one inch and a half broad and three inches and a quarter long, are placed between the end of the belt and a leather strap, which buckles on one side. The belt is strengthened by five sticks of whalebone placed obliquely at equal distances of about four inches. The pads, three inches and a half in diameter, consist of two convex circular plates of tin, the inner rather smaller than the outer one, made to act on each other by an interposed spiral spring. The whole is padded with horse-hair and covered with mackintosh. In the centre of the outer plate of each pad is a button for the attachment of the perineal bandage. A laced gusset is formed on each side of the belt, for its easy adaptation to the hips ; and loops of tape are placed at the top to attach it to a waistcoat, which, however, is seldom required.

The perineal bandage consists of an anterior and posterior flap, united by a strip of vulcanized india rubber one inch and a half long and half an inch broad. Within the anterior

flap is a pad four inches long, stuffed with horse-hair, and covered with mackintosh, intended to support the vulva and perineum. Each flap, four inches broad at the top, has six button-holes, in two rows, one above the other, corresponding with buttons on the belt; these give considerable scope for the lengthening or shortening of the perineal bandage. The flaps are made gradually to become narrower, to be joined to the interposed strip of india-rubber.

The resiliency produced by the horse-hair stuffing, and the elasticity afforded by the india-rubber, render the belt easy to wear and easy of application.—*Prov. Med. and Surg. Jour.*

Blood Stains.

In concluding the evidence given a short time since at the Marylebone police court, before Mr. Broughton, in the case of William Styles, Dr. Hassall made the following observations, important in a medico-legal point of view, in reference to blood stains: "That, while the determination, by means of the microscope, of the nature of blood stains, even when very recent, formed on cloth, linen and other soft and porous textures, is usually a matter of considerable difficulty, and is often impossible, the determination of such stains, however old, as are placed on glass, porcelain, wood, and other hard and smooth surfaces, is in general unattended with difficulty, and extremely satisfactory. This difference is to be explained thus: in the one case the fibrin, albumen and serum of the blood are in part absorbed, and pass into the cavities of the hairs or fibres of the wool or linen; the blood corpuscles are thus deprived of their preservative fluids, and shrink up—become misshapen or disintegrated; while, in the other case, the fibrin and albumen harden around the blood-discs in drying, and thus preserve them slightly altered in form only." Dr. Hassall stated that he had frequently succeeded in identifying the blood of different animals, preserved on slips of glass, after the lapse of six years. The stains should be examined in white of egg and not in water.—*The Lancet.*

The Itch Cured in Two Hours.

Dr. Bazin, physician of the hospital Saint Louis of Paris, introduced not long ago a notable improvement in the treatment of the itch, since he succeeded in curing the disease in *two days* by general frictions with the sulphur ointment. Dr.

Hardy, who succeeded Dr. Bazin in the Scabies wards of the same hospital, has, however, considerably curtailed this already short time; he cures his patients in *two hours*. The method is described as follows:

Patients are no longer admitted *into* the house for the treatment of the itch, as two hours suffice to render contagion impossible and the recovery almost certain. The patient is put into a warm bath, and rubbed for an hour with yellow soap; he then passes into a clean bath, where he continues to cleanse his skin for another hour. After leaving this bath he is taken to a particular room fitted for the purpose, and, with the aid of one of his fellow-sufferers, he is rubbed all over for half an hour with the following ointment: Axunge eight parts, flour of sulphur two parts, carbonate of potash one part. After this friction, the patient is examined and sent away cured, though sometimes pretty numerous vesicles on the hand and elsewhere, remain unaltered. Dr. Hardy states that out of one hundred cases he has hardly had two or three relapses. The number of itch patients had considerably diminished, as none are now turned away for want of room; and the disease has thus spread with much less rapidity.—*London Lancet*.

Rules for Bleeding in Pneumonia.

The following judicious remarks by Dr. Bennett, are perfectly in accordance with our own experience:

“If we are called to a case at a very early period, before exudation is poured out, and before dullness as its physical sign is characterized, but when, notwithstanding, there have been rigors, embarrassment of respiration, more or less pain in the side, commencing crepitation, then bleeding will often cut the disease short. This state of matters is rarely seen in public hospitals. When, on the other hand, there is perfect dullness over the lung, increased vocal resonance, and rusty sputum, then exudation blocks up the air-cells, and can only be got rid of by that exudation being transformed into pus, and excreted by the natural passages. In such a case bleeding checks the vital powers necessary for these transformations, and, as a general rule, if the disease be not fatal, will delay the recovery. I believe this to be the cause of so much mortality from pneumonia in hospitals where bleeding is largely practiced, for, in general, individuals affected do not enter until the third or fourth day, when the lung is already hepatized.—*Edinburgh Monthly Journal*.

CIRCULAR.

RICHMOND, VA., 1852.

To the Practitioners of Virginia and North Carolina.

It is no doubt known to many that the undersigned were appointed a committee at the meeting of the American Medical Association which convened in Charleston in May 1851, to report on the epidemics of Virginia and North Carolina. It was intended that the report should be submitted to the association at its recent session in Richmond. This it was found impossible to do, inasmuch as the information sought by the committee was not furnished by those who had been addressed upon the subject. Several of the committees appointed for other states also failed to report, and from a cause similar to that which produced our own failure.

The chairmen of several of these committees being present, they assembled to consider the subject in all its bearings, and after much reflection they agreed to recommend to the association to continue the committees already appointed, and to extend their time of service to the period of *five* years. It was thought best to urge this recommendation, from the fact that no epidemic might occur during this or the succeeding year; yet within the next five years it was scarcely to be expected that so long a time would elapse without ample materials being collected. Besides, this arrangement does not prevent any committee from sending in a report whenever they may be prepared so to do.

The association approved of the plan proposed.

We again appeal to the physicians of the two states for which we have been appointed the committee. We pray them to keep a record of such epidemics as may occur within their sphere of observation. If a report can be made out for the present year it will be done; but if we fail to collect the desired information for the meeting of the association in 1853, we shall still hope to present something worthy of its acceptance at some future time. Gentlemen who may feel disposed to assist us in this important work, and who reside in North Carolina, will direct their communications to Dr. Johnson B. Jones of Chapel Hill. They who reside west of the Blue Ridge in this state, will communicate with Dr. James L. Cabell of the University of Virginia; while all east of the mountain will address Dr. Ro. W. Haxall of this city.

To render the information to be received as uniform as may be, we append the propositions formerly published:

State:

1. The topography of the region of country in which you reside.
2. The geological features of the same.
3. The mean monthly temperature, and other climatic characteristics.
4. The epidemics of this or succeeding years.

In connection with each epidemic—state:

- (a.) The period of the year when the earliest cases appeared, and the length of time the epidemic continued.
- (b.) If confined to any particular section of the district in which you practice, state its topographical peculiarities.
- (c.) The trades and occupations of individuals attacked, their habitual exposure to weather, the use of ardent spirits, diet, &c. &c.
- (d.) The symptoms of the several stages of the disease.
- (e.) Post mortem appearances.
- (f.) The practice pursued.
- (g.) The rate of mortality.

**RO. W. HAXALL, M. D.,
JAMES L. CABELL, M. D.,
JOHNSON B. JONES, M. D.,**
Committee.

It is desirable that all communications relating to epidemics of this year may be sent to the several members of the committee by the first day of January 1853.

THE
STETHOSCOPE,

AND

VIRGINIA MEDICAL GAZETTE.

VOL. II.

RICHMOND, VA., AUGUST 1852.

NO. VIII.

**Report on Hygiene and Public Health, and the Medical
Topography and Statistics of Virginia.**

[Read before the Medical Society of Virginia at its annual meeting, 1852.]

BY W. A. PATTESON, M. D., RICHMOND CITY.

The committee on hygiene and public health and the medical topography and statistics of Virginia beg leave to report, that whilst from the generality and extent of the subjects of enquiry to them committed, it might be expected that a lengthy and elaborate report should be submitted to the society, they have to regret that the sources of information in regard to these subjects in our state have been so little cultivated, that they fear they can report but little which will be either interesting or instructive. Without previous sanitary surveys of the state and reports thereon, without statistics of births and deaths, without thermometrical and barometrical tables, without experimental research into her exact geology, the winds, and the true dew point in the various portions of the commonwealth at the different seasons of the year, nothing like fact in deciding important matters can be reported, and the committee must therefore for the present content themselves in reporting generally on these subjects, and trust to future time and research to be able to be more explicit.

The science of hygiene and the means of promoting the public health is so extensive in its range, and the details so numerous and illimitable, that the committee have not thought

a medical essay on such a subject was expected at their hands, but rather a veritable report, as far as it could be made, of what are the facts in relation thereto in our state.

The state of Virginia extends from about $36^{\circ} 30'$ south to 40° of north latitude, and includes rather over 7° of longitude, from a little more than 1° east to 6° west of the meridian of Washington, thus embracing within her limits a large extent of country, a variety of soils, of different geological formations and compounds, long and impetuous rivers, with extensive peninsulas, both rolling and marshy, between them, and also long ranges of high mountains. On the extreme east it is washed by the Atlantic ocean, and is deeply indented by the broad and noble Chesapeake, the finest bay on the Atlantic side of the continent, from whose bosom the refreshing sea breeze in summer is felt, particularly along the valleys of the rivers, far into the interior of the state. From this point, which is flat and sandy, the face of the country rises regularly and gradually to the mountains, affording a large surface of fine, undulating land, rolling between the streams, and of rich bottom on the long and bold rivers, which reach hundreds of miles into the interior, having their head springs in the Alleghany mountains, familiarly called the Backbone of North America.

That part of the state lying westward of the Alleghany range is more mountainous and broken than the Atlantic slope; much of it is rocky and sterile, yet it contains a large amount of very rich land, principally lying on beds of limestone clothed with luxuriant and sweet grasses, and is peculiarly adapted in climate and soil and productions to grazing of cattle and sheep. The face of the country inclines to the west, and all its waters run westward to mingle with the great father of rivers in the Mississippi Valley, and find their outlet, after greeting the Crescent City in their passage, into the Gulf of Mexico. This portion of our state abounds in minerals—as iron, lead, some copper, immense beds of bituminous, cannel and anthracite coal, limestone, gypsum, beds of rock salt and salt springs, and wells of great value. The arable land is very rich and the river bottoms surpassingly fertile, capable of supporting in ease and abundance in future, from its productions, and their flocks and herds, a teeming population of the hardiest, healthiest and freest men in the world. The general range of the mountains is from northeast to southwest, keeping about the same distance from the ocean in parallel lines. The whole state may be regarded as a double inclined plane, the Atlantic slope of which is filled and furrowed with very long rivers of fresh, sweet water, generally of limestone at their head springs, and mixed with freestone as they descend,

affording fine drinking water, until they mix with the brine of the ocean below the head of Tidewater. The tidewater of the sea is felt in its influences on our streams to the foot of the falls of most of our rivers, which occur where they leap over the granite ledges which run in parallel lines with the mountains and ocean, and are a sort of boundary between the Piedmont country and the lowlands which border the ocean. Where the falls of our rivers occur over these granite ledges there is a marked change in the geology, soil and vegetable productions. It would seem, from the heavy deposit of testaceous marls and other marine substances, almost to mark the former shore of the sea. The marls are not found above the present boundaries of the tides of our rivers, and the plants and animals are distinctively modified by this apparent boundary of upper and lower country. It is the line of the granite region. Are the causes here alluded to sufficient to affect the mental and physical development of the animal man, his diseases and the duration of his life? This whole Atlantic slope feels the impression of the air of the sea to the foot of the mountains, and the easterly wet winds carry their rains to the same point. West of the Blue Ridge and still more west of the Alleghany, the east winds are not particularly remarkable as damper than others, and diseases any way attributable to them are not peculiar.

The Atlantic slope is the old settled part of Virginia, and when first settled and reclaimed from the forest, was, like most new settled portions of our country, with a rich and virgin soil, scourged with intermitting and remitting autumnal fevers, and much of this region acquired the name of a sickly country, to which it is as little entitled as any part of our happy republic. Cultivation and proper drainage, with probably a consumption by the use of the land, of those substances in new soils which seem to favor the production of fevers commonly called malarious, have long since rendered these parts of our state as healthy a home as man can desire, and properly removes such a reproach as the name of a sickly country from the most desirable portion of Virginia. In some well written remarks of Dr. Corbin of Warwick county to the committee, that gentleman speaks most confidently of the above stated facts, and refers to the improved habits of the people in temperance and dietetics, warmer and woollen clothing, greater use of salt and salt diet, a more abundant use of meats, and greater cleanliness, particularly amongst the laborers, as having almost removed all serious concern in relation to these forms of fever. It is the best watered with rivers and creeks, the easiest of access from the sea, the blandest and

most genial in climate, the soil light and easy of cultivation, abounding in fruits and flowers, and yielding the richest harvest to even common industry of any part of our country. A sun sufficiently tropical to produce many of the plants of that region, and softened and moistened by the regular sea breeze, it is a paradise wherever the industry of man keeps it reclaimed from its own exuberant fertility. Ours is a latitude and longitude of perfect hygiene, and in truth it may be said that we have no diseases proper to the country, except such as atmospheric vicissitudes, with the rapid changes in heat and moisture and electric differences, give rise to. We have to regret that there are no thermometric and barometric tables within our reach or kept amongst us that we know of, from which the mean and average temperature and weight of the atmosphere may be shewn, and their bearing on our diseases and the public health. The accompanying table in relation to the climate of Richmond, situated in the central region of the state, is copied from one furnished by Mr. David Turner of that city, and was made by him for the Smithsonian institute for twelve months preceding, ending August 1851 :

	THERMOMETER.	BAROMETER.	CLOUDINESS.	RAIN.
1850—August, -	77	29.837	4.4	7.59
September, -	69 9	29.953	3.4	4.24
October, -	59 5	29.945	2.1	03
November, -	53 4	29.973	4.3	2.85
December, -	44 3	29.963	5.2	5.02
1851—January, -	43 9	30.011	3.7	43
February, -	49 2	30.113	4.3	3.62
March, -	51 3	29.962	3.7	6.26
April, -	57 9	29.850	4.5	5.46
May, -	69 2	29.962	3.7	2.83
June, -	74 8	29.885	4.2	2.81
July, -	80 1	29.846	5.3	2.44
Annual mean, -	60°8	29.911 in.	4.06	42.92 in.

The accompanying statement of the keeper of the Shockoe hill burying ground is also reported, which was furnished at the request of the committee, but is necessarily very imperfect, as the information furnished the keeper is often vague and inaccurate. The city of Richmond has endeavored to acquire a statistical mortuary table of its population, but has only partially succeeded, there being no legal obligation to report. The subjoined table is presented to the society as a meagre skeleton of the health of the city :

POOR HOUSE, *Richmond*,
April 22, 1852.

DEAR SIR—Annexed I furnish you with the number of interments in the Shockoe hill burying ground for the years ending April 30th, 1849, April 1851, and from 1st May 1851 to April 21st, 1852. I omitted from May 1849 to 30th April 1850, because of the cholera during the summer of 1849.

I did not deem it necessary to furnish you with the report of each individual case, but only such diseases as generally prevail. Child-bed, intemperance, paralysis and casualty predominate in the omitted cases, but of course we have almost all of the diseases to which "flesh is heir" reported during each year, and a goodly number of which I have no report. All of the children recorded in my books as having died of bowel complaint, I put down in this memorandum under the head of cholera infantum. I put down bilious fever more to note its absence than its prevalence. The mortality of the city for the last 12 months has been greatly increased by the large number of persons employed on the public improvements in and about the city.

Respectfully, your ob't serv't,

A. MICHAELS.

TO DR. W. A. PATTESON.

WHITE PERSONS.

Interments for the quarter ending July 31, 1848,	-	108
" " " October 31, 1848,		71
" " " January 31, 1849,		63
" " " April 30, 1849,		81
		<hr/>
		323
Still-born children included in above,	-	19
		<hr/>
Whole number interred who had an existence,	-	304
		<hr/>

Diseases.—Consumption, 35 ; cholera infantum, 29 ; dropsy, 11 ; measles, 5 ; scarlet fever, 7 ; typhous fever, 7 ; pneumonia, 7 ; pleurisy, 6 ; bilious fever, 6 ; affections of the brain, 5.

Interments for the quarter ending July 31, 1850,	91
“ “ “ October 31, 1850,	73
“ “ “ January 31, 1851,	77
“ “ “ April 30, 1851,	92
	<hr/>
	333
Still-born children included in above, - -	19
	<hr/>
Whole number interred who had an existence, -	<u>314</u>

Diseases.—Consumption, 35; cholera infantum, 21; dropsy, 4; measles, 6; scarlet fever, 34; typhous fever, 4; pneumonia, 7; pleurisy, 5; bilious fever, 1; affections of the brain, 5.

Interments for the quarter ending 31st July 1851,	149
“ “ “ “ October 1851,	98
“ “ “ “ January 1852,	81
“ “ “ 20th April “	76
	<hr/>
	404
Still-born children included in above, - -	24
	<hr/>
Whole number interred who had an existence, -	<u>380</u>

Diseases.—Consumption, 50; cholera infantum, 52; dropsy, 5; measles, 0; scarlet fever, 4; typhous fever, 5; pneumonia, 7; pleurisy, 11; bilious fever, 6; affections of the brain, 9.

Richmond, built like Rome on seven hills, whose bed rock is the primitive granite—hills originally so precipitous and high, as by Smith and his companions, when first seen from their boats in the river below, to be called high mountains, but now graded and guttered and washed by every shower, is one of the healthiest cities in the world. It is believed that the deaths do not average one in seventy of its population, and it is most likely a fair sample of the health of Midland Virginia. Ours is truly a temperate climate, neither the heat nor cold ever being very excessive, and then for but a few days at a time. We are always glad to have a week in winter in which the temperature is sufficiently low to secure a good crop of ice, formerly a luxury, but now from its general use a necessary of life, and an important hygeinic agent in meliorating and resisting the effects of summer heats.

Formerly autumnal fevers were common and dangerous, but now they have almost ceased to be cared for as a disease of the country, and from their greater mildness and improved modes of treatment, have ceased to be regarded seriously.

The diseases of winter and spring arising from atmospheric vicissitudes, and complicated by disturbances of the digestive organs from our advances in gastronomic indulgences, are now our most serious maladies, and the committee think February, March and April may be regarded as our most fatal months for the delicate and aged.

Common, continued, inflammatory and typhoid fevers sometimes prevail, and to some degree epidemically, but cannot be regarded as fevers to which our state is liable, either from the face of the country, our soil, our climate, or the habits and manners and customs of the people.

The yellow fever has, in bygone years, prevailed in the city of Norfolk in seasons of high heats, but never as a very fatal fever, and has not then invaded the surrounding country. It cannot, with any medical propriety, be regarded as an endemic fever of Virginia. Essentially an agricultural people, who have all the goods of human life generally in abundance, the causes of the preceding fevers are far away from us, and when they do exist, it is principally amongst the slaves, who are prone to indulgence in sensualities, and carelessness in cleanliness and exposure. They are more prone to a low typhoid remitting fever, which doubtless is referable mainly to a greater retention of the effete matters of their bodies on their persons, and in their dwellings, and less care and prudence in diet and exposure, and from the additional fact that their dwellings are smaller and they live more crowded than the whites. They are very much exempt from bilious intermitting and remitting fevers, except when young. The committee think that they should be compelled to be more prudent in avoiding morning and evening dews, and the wet autumnal and vernal weather, and be always supplied with plenty of clean and fleecy clothing. Although ours is a temperate climate, it is yet subject to sudden and great variations of temperature, and with the wet easterly and northeasterly winds of winter and spring, pulmonic diseases become quite common and serious at these seasons. The spring of 1852 has been unusually so both in the amount and fatality of the diseases of the respiratory organs.

The public health of Virginia, as far as it depends on climate, soil, atmosphere, electric influences, habits, customs and manners, political and social institutions, may be regarded as amongst the best on the face of the earth, and producing altogether about as great an amount of human comfort to the greatest number of its inhabitants as can fall to any people. Our customs and habits may be, however, improved. There is no principle for the promotion of good health and the pro-

longation of human life to the latest period consistently with the organism of man better proven, than that his food should consist of animal and vegetable matters in just and due proportions to repair the waste of the solids and fluids of our systems, as derivable from both these kingdoms, and that the quantities taken in daily should be in fair proportions to the daily waste. Now, to do this accurately, requires a computation of the matters eliminated daily, and a computation of the matters taken in daily, a criticality difficultly possible, and to be expected only in few and rare cases; but careful observation, without such criticality, will generally enable one to ascertain about the right amount.

The committee are of the opinion that the general dietetic habits of our people are adverse to the attainment of the longest period of human life. We eat too much meat, particularly in hot weather, and indeed generally eat too much food. These habits favor fever, tax the digestive organs too heavily, and produce associate maladies. A larger proportion of vegetable matters would be an improvement in our dietetic hygiene, and particularly fresh ripe fruits as part of our daily meals should be encouraged and insisted on. They would render it much less necessary to take as much water at table as is customary in Virginia, and more surely secure the natural daily purgation of the bowels. Water is best taken an hour or two after meals, when the slight natural fever arises which always follows the supply of food and its beginning digestion. Our slaves are great sensualists, and are much in the habit of eating very grossly at night. They put by much of their daily supply of food, which is a very liberal allowance, and then feed heartily and luxuriously before retiring to bed. It frequently happens that much of this is food which has been cooked in the day time, and is of course re-hashed for supper, and has often undergone unhealthy chemical changes. Colics and cholera morbus and cramps of the stomach are often the consequences, and in the night time. It is a bad habit, and should be corrected, as calculated to improve the public health of the laboring portion of the community.

The public institutions of the state, and of the counties and cities, in aid of the public health, are few, and indeed are not much needed. General laws exist requiring provision for the poor and infirm in all the counties and cities, and do abundantly provide for the very few poor we have amongst us. The slave population being the laboring community over the largest part of the state, is the part from which paupers would arise, but as both interest and the laws require the masters to

look after and take care of their slaves, very few, even old, superannuated or diseased slaves are so neglected by their owners as to fall on the public care. A pauper beggar slave is hardly ever seen, and from the whites very few require the care of alms-houses and the public charity, in proportion to our population. The insane, both white and black, are provided for in two hospitals for their care—the one at Williamsburg, the former capital of the state, and the other at Staunton; which amply suffice for the present, and in which the treatment of insanity has been very successful. Laws to prevent the propagation of small-pox, and other infectious and contagious diseases, are in the custodiance of the magistracy, and may be acted on whenever the occasion for their application arises.

The general practice of vaccination keeps us almost free of small-pox, and the state government has made provision for a constant supply of fresh vaccine virus, by the establishment and maintenance of a vaccine agency, from whence all its citizens may be at any time supplied by application to the agent.

With an increase of population and the establishment of various sorts of manufactories, such hygienic processes as warm and ventilate the rooms and keep them clean, are very much considered and practised.

The medical statistics of Virginia are yet to be collected and written, and until we have a registration of the marriages and births and deaths, it is impossible to compare one part of the state with another, or our state with other states and countries. A sanitary survey of the state by act of legislature would furnish a general view of the probabilities of health and disease, but nothing but legal statistics of the births and deaths of the people, and professional reports of the diseases of which they die, can mark with any certainty the real healthfulness of a country. Correct reports of this sort remove prejudices, and greatly benefit the community. It enables us to affix real and substantive values to life annuities and life interests in estates, and to decide with certainty the probable length of life in localities. This matter has been wholly neglected in Virginia. We find, from reference to an extract from the census returns of 1850, that the average mortality of the United States is stated at one for every 72.6 of the inhabitants, or 10 in every 726 of the whole number. This is a computation of a very gratifying sort for our country in comparison with the old countries of Europe and Asia; and we are very certain that when full tables of the census returns of 1850 shall have been obtained, Virginia will be found one of

the healthiest states of the Union, as she is by nature blessed in all that is calculated to make man healthy and happy.

That portion of the state west of the Alleghany is a slope towards the Valley of the Mississippi, and is filled with ranges of lofty mountains and numberless springs and streams of pure and medicinal water.

The altitude of the country authorizes a lighter, cooler and more bracing air, and it is a country of the highest health. Visiting this region is the medicine for invalids easiest taken, and not only our own citizens, but thousands of those of the states south of us annually flock hither in summer, to seek this climate and our health-bearing Mineral springs. The cheerfulness of these fashionable resorts is a moral medicine for the sick, and a lighter heart and freer breath is the immediate consequence of a visit to the springs. Bouyancy of spirits in the languid and drooping begins as you ascend this region of mountain, and the invalid feels that his frame is impressed by some healthful agent, and that he is drinking in the balm of health long before he reaches the mineral waters. Is it not probably referable to the exact altitude, latitude and longitude, the foliage, air and electric forces of such a region?

The Mineral springs are very numerous, as the Warm and Hot springs, the Red Sulphur, Sweet springs, White Sulphur, Salt Sulphur and Blue Sulphur springs—all possessing medicinal properties of the highest value to man, and which, although extensively known by report, from invalid to invalid, and in some instances reported upon professionally, are yet but indifferently understood by the great public, and even a great portion of the medical profession, so as that they may be prescribed professionally and scientifically. The general fact, however, that few invalids from the fever districts of the South ever come here without being improved in health, even if not radically cured—that the ailing and infirm seem always to acquire a new lease of life—has made the mountain region of Virginia the most popular resort of invalids in America.

The committee trust it may not be deemed unimportant in the present report to suggest to the society, that in any requirement of the committee on hygiene and the public health hereafter, that some particular matter having special reference thereto be submitted to them, and a report thereon be requested at the next annual meeting.

Respectfully submitted.

W. A. PATTESON,
A. T. B. MERRITT,
L. S. JOYNES,
G. LANE CORBIN,
M. H. HOUSTON.

Report of a Case of Emphysema.

BY A. SPITLER, M. D.

On the 29th March 1849, I was summoned in great haste, together with Dr. Pinnell, to see I. M. Lorentz, son of P. Lorentz, aged five years, who had received an injury about an hour previous to our arrival, by a cart wheel running over his chest.

When we arrived we found him bolstered up in bed, with the head and shoulders elevated, with a feeble pulse, face flushed and swollen; respiration was laborious and frequent, with an expectoration of a frothy, bloody mucus.

On examination of the chest, we could discover no marks of external violence, but a puffiness of the skin seemed to pervade the chest, extending up over the sternum, neck, face—and even the scalp seemed to be raised, and would crepitate on pressure. The face, temples and sternum, by application of the hand, yielded an elastic feel, and a crackling sound could be distinctly heard, indicating distention of the subcutaneous cellular membrane with atmospheric air. The distention of the skin was so great, soon after our arrival, as to give the head and face an enormously large and hideous appearance, the eyes being entirely buried from view by the surrounding integuments.

The patient was immediately bled from the arm and a purgative administered. We then scarified and applied cupping glasses over the sternum, which would almost instantly become exhausted; but by a continued application, the swelling was considerably reduced, so that the patient could again open his eyes without difficulty.

The quantity of blood extracted by the cups was comparatively small, but a considerable amount of bloody froth or foam issued from the incisions. In a short time after the cupping was suspended, the swelling again returned, closing the eyes and distorting the features as before, which we reduced more than once by the same process.

Finally, the pulse grew more frequent and irregular, the respiration more hurried and difficult, until, about six hours after the accident, the little sufferer died, with all the accompanying symptoms of suffocation.

Remarks.—1st. By pressure of the wheel on the chest the lining membrane of the bronchia or air-cells may have given way, giving the air admission into the cellular tissue, uniting the lung to the mediastinum and pleura pulmonalis, thence passing from one portion of cellular tissue to another, until it

finally became generally diffused through the cellular tissue on the external and upper portion of the chest and head, as above described—Or,

2d. The most likely way in which air escaped into the subcutaneous cellular tissue was from the fractured portion of a rib, perforating first the costal, then the pulmonary pleura, and then penetrating the lung. Thus, air may have very readily escaped into the cellular tissue on the external portion of the chest, collapsing the lung and producing the external swelling and crepitation as above described, although search was several times carefully made without detecting any such fracture.

3d. As to the treatment of emphysema, caused by a perforated lung, there has been some diversity of opinion. But, for the sake of brevity, we would merely suggest the plan most appropriate in this case as additional treatment, could the point of fracture have been detected. It would evidently have been proper to have made a small opening into the cavity of the thorax at the point of fracture, to relieve the difficulty of breathing, not as was maintained by Hewson Broomfield and others, to expand the wounded lung, by taking off atmospheric pressure, but to "take the pressure of the atmosphere from the mediastinum and diaphragm," which it is known may thus compress the sound lung, which is required to do the office of both. A small opening into the chest would also greatly prevent the diffusion of air into the surrounding cellular tissue. Bandaging the chest, where there is emphysema from wounded lung with fractured ribs, we would consider very doubtful practice. There is danger of doing infinitely more harm from compressing the sound lung than any benefit we could reasonably expect to derive from the protection a bandage could afford to the fractured ribs. But should the reparative process speedily take place in the wounded and collapsed lung, so that it expand and again begin to perform the functions of life, a bandage then judiciously applied with proper caution may be of service.

Buckhannon, Upshur Co., June 5, 1852.

Report of a Case of Typhoid Pneumonia.

BY VIRGINIUS W. HARRISON, M. D.

On the night of the 23d of December last, I was called to see Mrs. H., ætat 36 years, who had been troubled with a cough for many months previous, which induced many persons to believe that she was affected with incipient phthisis. I found her much emaciated, countenance expressive of great

suffering and anxiety, with nausea and occasional vomiting of a dark colored fluid. She was quite feeble, with a pulse not exceeding ninety per minute, and very deficient in strength and volume; tongue covered with a dark brown fur, but comparatively moist, and a thirst almost insatiable. She complained of an acute pain in the *right* shoulder, extending over the region of the right lung; her cough was hard, dry and frequent; face flushed, though of a peculiar, dark appearance. Her intellect was very obtuse, and she evinced little disposition to speak, save when questions were propounded relative to her affection. Physical signs revealed slight dullness over the region of the right lung, with the absence of the vesicular murmur. As there was evidently hepatic and gastric derangement complicated with the pulmonary affection, I administered an emetic of ipecacuanha, and informed the family I would see her again in the morning. On the 24th I found my patient in a drowsy condition, with extreme lassitude of mind; countenance flushed; all gastric irritability allayed; pain in the shoulder very acute, extending to the chest; skin hot and dry; pulse frequent and feeble; headache intense, and a great indifference manifested respecting her condition. R. Hydrarg. chloridi. mitis grs. x, pulv. rhei. Turkey grs. x. M. Ft. pil. To be taken at bed time, followed the next morning by a dose of oleum ricini. On 25th, pain in the shoulder much less acute, but that of the chest somewhat increased; pulse weak; skin dry; tongue very foul, and the cough dry and frequent. The medicine administered the night previous brought away several very copious, black discharges—so many that the nurse in attendance omitted giving the castor oil as directed. The biliary secretion seemed to be so much deranged, I ordered R. Hydgr. chlo. mitis grs. v, pulv. ipecac. et opii. grs. v. M. Ft. pil. To be taken at night; a blister 8 by 10 applied to the right side, and R. Tinct. opii. camph. $\frac{3}{4}$ j, vinum antimonii $\frac{3}{4}$ ss, pulv. acaciæ 3 ij, spts. lavender co. 3 i, aqua fontana $\frac{3}{4}$ vj. M. S. A tablespoonful to be taken three times daily, as an expectorant and diaphoretic. 26th. Patient free from pain in the shoulder, and that of the chest rather more of an obtuse character; tongue covered by a fur of a dark brown hue, and inclined to be dry, and cough very troublesome. R. Mass. pil. hydrarg. grs. x, pulv. ipecac et opii. grs. x. M. Divide into five pills: one to be taken every three hours. The expectorant and diaphoretic mixture continued as previously directed. 27th. The symptoms were not in the least favorable: tongue very dry and rough; lips apparently parched; dark colored sordes about the teeth and gums; pulse very feeble, and thirst excessive. The patient for the first time appeared troubled

with dyspnœa. As she had taken several doses of mercury, and had also been put upon its alterative mode of administration, I resorted to the oleum terebinthinæ in emulsion, ten drops four times daily. Ordered wine to be administered during the morning. Small pieces of ice placed in the patient's mouth and allowed to dissolve, as a substitute for water, which was often called for by the patient. The expectorant mixture continued. 28th. Symptoms appear not materially changed; the same treatment pursued as on the preceding day. 29th. Finding my patient in a very critical condition, with a tongue very dry and nearly as rough as a file, a pulse very slow and weak, skin dry, breathing hurried, sordes about the teeth and gums—I discontinued the use of the turpentine emulsion, and concluded to bring the system of the patient under the immediate influence of mercury, as the only resource for security in this hour of extreme danger. Gave mass. pill. hydrarg. grs. x, pulv. ipecac. et opii. grs. x, sulphate of quinia grs. x. M. Divide into five pills—one to be taken every two hours, with directions to prevent too great action upon the bowels, should they be disposed to produce it, by the liberal administration of the tinct. opii. camph., as all the remaining strength of the patient should be preserved, as far as practicable, to contend with the latter stage of the affection, which is generally attended with extreme debility. Expectorant continued. Wine administered daily as a tonic and stimulant. 30th. Patient appears to be suffering with increased dyspnœa; but the tongue is moist around its edge, and the skin is in a better condition. The treatment similar to that of yesterday, and a blister 8 by 10 applied over the sternum.

31st.—Much gratified to find my patient's symptoms evidently better; tongue moist; breathing more natural; expectoration easy, with a discharge of rusty colored mucus; skin in a good, perspirable condition. Her gums are slightly sore, with an increased flow of saliva and some unpleasant sensation about the sockets of her teeth. She is undoubtedly on the borders of ptyalism. She complains of no pain, but of great debility. The mercurial impression kept up by administering small doses of mass. pill. hydrarg. several times daily. The secretions having become more healthy, my attention was directed to the extreme feebleness of the patient, which was overcome by the liberal use of tonics and stimulants. Wine given daily, and R. sulphate of quinia, grs. x, aromatic sulphuric acid, gtts. 30. M. Given in three equal doses during the day, and continued for several days. The expectorant continued.

January 3d.—Patient much improved, but she complains of obtuseness of hearing and a heavy sensation about her

head—gave serpentaria 3 ss. pulv. cinchona rad. 3 ij. mel. 3 i. aqua bullientis oj. M. S. A wineglassful to be taken three times daily. The expectorant continued in tablespoonful doses three times daily.

Jan'y 10th.—Patient has continued to improve—the doses of the above medicines diminished in number and quantity, and directed to be gradually withdrawn from use. When last heard from, the patient was enjoying very good health.

It may not be irrelevant to the case under consideration, to state that the husband of this patient died, about a year before her attack, with typhoid fever, as I was informed by his attending physician, and her daughter, a few days previous to her mother, was attacked with pulmonary inflammation, which likewise assumed a typhoid type, though she recovered in a shorter time, being young and previously healthy. Most of the cases of pneumonia occurring in our vicinity during the winter assumed a typhoid character, and in no case have we had access to the lancet. The stimulant practice was generally indicated in the first stage of the affection, especially in persons of enfeebled constitutions and those advanced in years.

Prince George, July 15, 1852.

Observations on Pneumonia.

BY ROBERT H. WEBB, M. D.

MR. EDITOR—In the May number of the "Stethoscope," there is an editorial notice on the "Epidemics of Virginia," in which you take occasion to charge "lukewarmness or negligence, on the part of practitioners," in not making known the result of their experience in the treatment of many forms of disease. This is very true; for we do not devote as much attention to those matters as they deserve. This is doubtless the result of indifference with many; want of time with some; and total negligence with others.

You mention the fact of the prevalence of pneumonia in many localities, and of its fatality to some extent in some sections. But what most particularly attracted the writer's attention was the circumstance of your mentioning that "in two neighborhoods in Virginia of late, we learn that all the cases of pneumonia, which were treated by blood-letting, ended fatally." 'Tis strange, Mr. Editor, that the same treatment in different localities should bring about such different results.

Pneumonia prevailed in a small section of our vicinity du-

ring the past winter, in a neighborhood embracing some ten or fifteen families. It commenced in the latter part of December, with the first severe cold weather which set in. Why it should have prevailed in this particular section and not in others, the writer is entirely at a loss to say, as there was nothing peculiar about this particular region.

The disease assumed all the characteristics peculiar to the severe forms of pneumonia or inflammation of the lungs, in some few instances combined with pleuritis.

The writer visited several of these patients, bled freely in most instances, applied blisters over the chest, gave from ten to twenty grains of calomel, with from five to ten grains Dover's powder; then suffered the patient to rest some five or six hours, and administered a moderate dose of *ol. ricini*, so as to ensure two or three alvine evacuations; after which, quinine in large doses, combined with some expectorant, was administered freely, which seemed to have the happy effect of tranquilizing the system. Under this form of treatment the patients rallied and did well.

It is somewhat remarkable, therefore, that the abstraction of blood in one locality should prove to be so salutary, whilst in another it should have had the reverse effect. Why these different results should have so happened, we cannot always tell. Perhaps in the treatment of the foregoing cases, it might have been owing in some degree to the happy effects of the quinine, which is now considered, and it is doubtless true, when administered in large doses, to possess the property of tranquilizing the system to a very great extent.

Suffolk, Va., June 1852.

"Tubular False Membrane."

MR. EDITOR—In accordance with your request, I send the following history of the specimen of bronchial secretion, referred to on the 317th page of the *Stethoscope*:

The patient, a gentleman of sanguine temperament and robust constitution, in his 67th year, from exposure to cold, was seized with an attack of acute bronchitis; that is, his symptoms were those which authors lay down as characterizing active inflammation of the mucous membrane of the bronchial tubes. The mucus expectorated during the attack was unusually transparent and adhesive.

The treatment consisted in a moderate use of the lancet, cupping, counter irritation, mercurials, antimonials, &c. His convalescence was quite rapid.

Some three weeks after this attack, he first commenced to complain of a disagreeable "tickling sensation" experienced about the middle third of right bronchial tube. About this time he consulted me in reference to this disagreeable sensation. I gave it as my opinion that the disagreeable sensation complained of was produced by slight thickening of the mucous membrane lining the bronchial tube, and aggravated by the too free use of tobacco. At my solicitation he discontinued the use of tobacco for a time, and expressed himself as being much but not entirely relieved by so doing. He again commenced its use, although he said he was certain by its use he increased his trouble very much.

Here allow me to say that from the time he had the attack of bronchitis up to the time he expectorated the specimen exhibited, he enjoyed apparently fine health. He rode about, transacted his business as usual, looked well, lost no flesh, was capable of walking his three miles before breakfast (which is his invariable habit) without fatigue, had fine appetite for breakfast, dinner and supper, slept well, bowels regular, tongue clean, and digestive apparatus generally in fine condition.

This state of things continuing some two and a half years, he began to complain of a "choking sensation," followed by slight nausea, occurring every day or two. These last symptoms increased gradually in frequency and intensity. Towards the last he would often, during his meals, fall down as if choked, suffer intense nausea and make ineffectual efforts to vomit. In a few moments these phenomena would pass away—he would resume and finish his meal as if nothing uncommon or unpleasant had occurred.

In his seventieth year, some three years after his attack of bronchitis, during one of these "spells," followed by intolerable nausea, he expectorated the specimen of false membrane I had the pleasure of presenting to the Medical Society of Virginia. He experienced immediate and perfect relief, and continues to enjoy most excellent health. I will mention that when expectorated, the specimen was in one continuous piece, and broken by himself in his efforts to ascertain what it was that had so unceremoniously taken possession of and remained for so long a time in his air passages.

I am well aware, Mr. Editor, that very many in our profession (believing this case to have been replete with physical signs) will consider me guilty of neglect in not being able to lay before them some signs by which we might hereafter prognosticate the formation of false membrane within the air passages. Indeed some may imagine that with strict attention and care, I might have discovered some pathognomonic sign.

Basing my opinion upon the calibre and tubular construction of the specimen, I am induced to believe that auscultation, mediate or immediate, would have revealed little or nothing, save some slight amphoric respiration. Of this I am by no means certain; for I am free to confess that the last time I examined the patient's chest by auscultation and percussion, was during his convalescence, when the *sibilus et id omne genus* were fast giving way to the gentle respiratory murmurs of returning health. Had I have had the slightest intimation that his air passages contained an abnormal specimen of such variety, I should not only have carefully examined his chest from time to time, but I should have called to see him the eminent in the profession from far and near, hoping we might discover something calculated to throw additional light upon so interesting a subject. I beg that you will recollect, gentlemen, (by way of extenuation,) that the patient during the whole period complained of no dyspnoea, no palpitation, no pain, and in fact, save the few minor symptoms enumerated above, gave every evidence of being in the enjoyment of fine health.

Were I to close this communication without expressing the great satisfaction I experienced in my recent intercourse with my professional brethren, gathered together from all parts of this glorious confederacy, and the abiding confidence I have in their honor, patriotism and ability, I should do violence to my own feelings. Allow me to offer to the medical profession of Richmond, and to the members of the Medical Society of Virginia, individually and collectively, my profoundest acknowledgments for their many acts of kindness and courtesy, and to express the great pleasure I derived from all my intercourse with them. They may rest assured I shall always have for them and for our Medical Society, the feelings of the profoundest respect and veneration; and believe me, however far I may fall behind my brethren in point of abilities, I will vie with the most untiring in my best efforts and wishes for the prosperity of our society and for the triumphant success of our proposed medical reforms. The president of the National Medical Association and the president of the Virginia Medical Society: May they meet with health, happiness and prosperity, and may they long live to fill their respective stations, serving as beacon lights to their profession and as ornaments to their country.

Yours, most truly,

A. L. PAYNE.

Paris, Fouquier Co., July 1852.

Tannate of Quinine.

BY JOHN P. LITTLE, M. D., OF RICHMOND CITY.

In the summer of 1850, I read a short paper before the Medical Society, in which I mentioned some experiments made to remove the bitter and disagreeable taste of quinine. It was attempted to remove this taste by giving the medicine dissolved in strong tea; and I was led to make these experiments by learning that coffee had been used for this purpose in France. The result of my experiment was that the taste was almost entirely removed, and that the injurious effects upon the brain and nervous system, which so commonly result from the use of quinine, did not make their appearance. I learned subsequently, from the experiments of Dr. Thomas of Baltimore, that it was the tannin contained in tea which produced this loss of bitterness. Having for two years past prescribed tannin and quinine in all cases requiring the use of the latter remedy; having found this tannate of quinine a more efficient preparation than the sulphate, both in the treatment of intermittents and in neuralgia; and having seen none of those peculiar effects upon the head observed ordinarily in the use of this article, I wish to call the attention of the profession to its value. I have by me a number of cases in which benefit has resulted from its employment, where the sulphate had been used without good effect, or where its use could not be borne. One case of intermittent, occurring in a delicate child, in which I had used sulphate quinine, various vegetable tonics, iron, and finally Fowler's solution, without any other than a temporary effect, yielded to this remedy. In many other cases of neuralgia occurring in very delicate women, where I was assured that quinine had been frequently attempted to be given, and that its use could not be persevered in because of the headache and other severe symptoms that ensued, I have given large quantities of the tannate with happy effect on the disease and without any injurious result. In some very susceptible persons a slight ringing in the head was perceived, though not complained of, after a large quantity had been taken. My usual mode of administering the remedy is to have it made into pills, containing two grains of quinine and two of tannin each; or, if the patient is very susceptible to the action of the remedy, three grains of tannin to two of quinine. I prefer it in pill form, because, in solution with so large a proportion of tannin, while the taste of the quinine would disappear, that of the tannin would be very disagreeably perceived. In those cases of neuralgia

where quinine and iron are indicated, I have not thought fit to combine quinine, iron and tannin in one pill, but have given on one day as much tannate of quinine alone as I would have given of quinine combined with iron in two days, and on the preceding day have also given as much iron alone as I would have given combined in two days.

This compound of tannin and quinine is also serviceable as an astringent in the dysentery of the season, and can be used as such with good effect. I mention its use, that others may be induced to try it, and that by the observation of many physicians, its claim to notice, as a compound of quinine that can be given without any injurious effect, may be decided upon. My own experience is in its favor.

On the Sulphate of Quinine.

BY GEO. L. UPSHUR, A. M., M. D.

*Fellow of Med. Soc. of Va.; Member of Am. Med. Association, &c. &c.
Norfolk, Va.*

The sulphate of quinine may justly be regarded as the most important therapeutic agent with which the *Southern* physician, at least, has to deal. It is emphatically *the* remedy in all diseases of miasmatic origin, and it is no less true, that throughout the Southern country scarcely a disease is ever met with, whether it be idiopathic or local, that is not, during some period of its progress, made to wear the livery of this miasmatic agent. No wonder, then, that much is every day written upon the therapeutics of quinine, and that, in the multitude of essays, opinions directly opposite are strenuously urged. The chief point of difference, however, seems to be in reference to the influence of quinine over the circulation—Is it a *sedative* or not? and is it safe to administer it *during fever*?

These questions are important, and, if possible, ought to be definitely settled. This can never be done, however, until medical men learn to administer their remedies entirely with reference to the *cause* of disease, instead of with reference to its *name*. It may be safely affirmed, that no two diseases were ever exactly alike—they may have, it is true, their *general* features in common, but, after all, each has an *expression* peculiar to itself, in reference to which it must be treated. This must always be so, as long as temperament, constitutional power and age are unlike in different individuals. Hence therapeutics will ever be, to a great extent, an uncertain science, and practically considered, the classifications of the *materia me-*

dica, with the subdivisions into stimulants, sedatives, &c. of which we read so much in the books, are of very little value. There are a vast number of medicines whose effects are controlled entirely by the cause of the disease, and the condition of the patient at the time they are administered, while there are comparatively few that are not amenable to this rule—probably digitalis, hydrocyanic acid, strychnia, carbonate of ammonia and alcohol embrace the entire list. The first two of these may be said to be uniformly sedative—the third produces peculiar symptoms which are found in all cases—and the two last are uniformly stimulant.

This rule is peculiarly applicable to the sulphate of quinine, and hence the diversity of opinion that is honestly entertained in reference to the propriety of giving it during fever. It is *undoubtedly a sedative*, but not in the same sense that digitalis is a sedative—it may be administered during the *intensity* of the febrile paroxysm, but not if the fever is the result of pneumonia or arachnitis—and the physician who would give quinine in these diseases to reduce the pulse, because he had seen it produce such an effect in remittent fever or rheumatism, would commit a great blunder. In general terms, then, in *all* cases of intermittent, remittent and bilious fever, (so called,) and in acute rheumatism, quinine may be safely administered, in large doses, during the febrile stage, and will be found almost invariably to lessen the force and frequency of the pulse: in other words, to act as a *sedative* upon the circulation. These diseases seem to depend upon some perturbation of the nervous system, and to such quinine is peculiarly applicable. It seems to exercise no beneficial effect in local inflammatory diseases, *unless they are intercurrent with miasmatic fever*. In such cases, the local disease is aggravated by every occurrence of the febrile paroxysm, and does not become manageable until a stop is put to the latter by the sulphate of quinine. If medical men would take this view of the subject, I believe the result of their observations, in reference particularly to quinine, would be uniformly the same.

Again: the effects of quinine, like those of many other medicines, depend materially upon the dose in which it is administered. In small doses, not very frequently repeated, I believe it is simply tonic, with very little anti-periodic power, and is rather stimulant than sedative in miasmatic fevers. Even as a tonic, I think it is greatly inferior to the quassia, and scarcely equal to the gentian. In large doses it is decidedly sedative—in the sense already stated—and is the best anti-periodic known to the materia medica.

In anæmia, which is so constantly characterized by scanty

secretions, particularly from the kidneys, it is one of the most efficient and certain *diuretics* I have ever used, administered in doses of one grain three times a day. I was at one time disposed to attribute its diuretic properties in such cases, solely to its action as a tonic—but subsequent observation has convinced me that they are due to something beyond this. Other medicines, which are at least equal if not superior to quinine as tonics, do not produce such effects in anæmia. I have nowhere seen this diuretic property attributed to quinine, and, believing it important, I desire to call the attention of the profession particularly to it. It very well illustrates the remark made in the commencement of this paper, that medicines are controlled in their action by the condition of the system at the time they are administered. Under certain circumstances, quinine is equal to digitalis as a *sedative*, and to squills as a *diuretic*, and yet, I opine, it will never be classed with either of these in any systematic treatise on materia medica.

Quinine has also the property of developing the mercurial impression, and of increasing it after it is once produced. Very frequently has it occurred to me to administer mercurials in inflammatory diseases, for several days, in order to get their specific effects upon the system, *but without success*. I have finally abandoned the treatment, and *several days* afterwards, during the convalescence, have administered small doses of quinine as a tonic—in the course of *forty-eight hours* the patient would be severely *ptyalised*. I have known ptyalism to supervene under such circumstances *eight days* after the last dose of the mercury was administered. This thing has happened to me so often, in the last nine years, that I do not believe I am guilty of the *post hoc, propter hoc* reasoning, when I say that quinine has the power of developing the mercurial impression; nevertheless it would be satisfactory to know whether or not the experience of the profession on this point confirms my own.

The question is of some practical importance, as it would deter us from using quinine after mercurials when ptyalism is to be avoided. Sometimes it is desirable to “touch the gums” as rapidly as possible; a combination of calomel and quinine, provided the latter is not contra-indicated by the intensity of the inflammation, would, I think, be found to accomplish the result more rapidly than any other. The quinine, in such cases, however, must be given in small doses.

Norfolk, July 1852.

Remarkable Case of Precocity—Menstruation occurring at four years of age.

WOODVILLE, *Rappahannock Co.*,
July 29th, 1852.

SIR—I send you a succinct account of a case of *Precocity* in a female child, which, if you think of sufficient interest, you can give a place in your journal.

Respectfully, yours,

CHAS. R. KEMPER.

A servant girl, owned at this time by Mr. C. M. W. of our village, is the subject of a precocious development of the female reproductive organs and appearance of the menses. The development of the general system in this girl, from a year old, was noticed to progress rapidly, till she attained her third year, when an increased size of the mammary glands was first observed, and, shortly after, there appeared the usual growth of hair on the pubes. When she was four years and one month old, her catamenia made their first appearance, and have continued regularly to return up to this date. She is now just entering her thirteenth year.

The development of the brain seems not to have kept pace with the physical growth, but she is possessed of a degree of intelligence usual for her age. She is much larger than an older sister, and has the appearance, from the breadth of the chest and pelvis, to be a fully developed *woman*.

EDITORIAL AND MISCELLANEOUS.

A Registration Act.

We publish herewith a copy of the bill for the registration of Marriages, Births and Deaths, which was presented to the present legislature by the committee appointed for that purpose, by the State Medical Society. It is known to most of our readers, that the bill was reported by the committee for courts of justice to the house of delegates, and passed its first

reading. On motion of Dr. Yerby, it was recommitted, as it is understood, for the purpose of erasing or altering the 20th section, which makes it obligatory upon medical practitioners to furnish records of the Births and Deaths occurring within their practice annually, to the commissioner of the revenue.

This action of the house having come to the knowledge of many of the medical men, and fearing that the great objects of the law might be defeated by the passage of such an one as would be totally inefficient and worse than useless, the Medical Society of Virginia, took prompt and decided action on the subject at an early stage of its late annual meeting, and adopted *unanimously* the following resolution :

“ Resolved, That this society has learned with regret, that the bill before the house of delegates, in reference to the registration of Marriages, Births and Deaths, has been seriously objected to and recommitted to the committee for such amendment as is calculated to destroy the efficiency of the law, and render it wholly inoperative for good, either to the profession or the state at large. And this society earnestly recommends to the legislature the passage of the bill, in the form in which it was originally presented for its consideration by the committee.”

It is now hoped, and confidently expected, that the bill as here published, will pass at an early day in the ensuing session of the legislature. And as it is a matter of some interest to the profession, we have deemed it worth publishing. The necessity of such a system is so palpable to all reflecting men, that it would be useless to urge it. The great want of it is very plainly evinced in the report of the able chairman of the committee on hygiene, &c., published in this number, and which we commend to the reader. We urge the constituents of legislators, who are lukewarm in matters of such interest, to convince their representatives of the great importance of passing this act at an early period of the session, in order that it may go into operation on the 1st of January next.

The following is the bill. After its passage, we shall publish the form of the registers required to be filed :

HOUSE BILL No. 357—*Concerning the Registration of Marriages, Births and Deaths.*

1. *Be it enacted by the general assembly,* That from and after the first day of January 1853, the clerk of every county and corporation court shall keep three books, to be called respectively the "Register of Marriages," the "Register of Births," and the "Register of Deaths."

2. Henceforth it shall be the duty of every minister or other person celebrating a marriage, and of the clerk or keeper of the records of any religious society which solemnizes marriages by the consent of the parties in open congregation, at once to make a record of every marriage between white persons solemnized by or before him; and within two months after such marriage, to return a certificate thereof, signed by him, to the clerk of the court of the county or corporation in which the same is solemnized. Such record and certificate shall set forth, as far as the same can be ascertained, the date and place of the marriage, the full names of both the parties, their ages and condition before the marriage, (whether single or widowed,) the places of their birth and residence, the names of their parents, and the occupation of the husband.

3. The clerk, to whom such certificate shall be returned, shall file and preserve the same in his office, and, within twenty days after receiving the same, record a full abstract thereof in his register of marriages, setting out, in convenient tabular form, all the circumstances therein stated, and the name of the person signing the certificate, and make an index of the names of both the parties married.

4. If at the time of celebrating any marriage out of this state, either or both of the parties thereto be a resident or residents of this state, a certificate or statement thereof, verified by the affidavit of any person present at such celebration, may be returned to the clerk of the court of the county or corporation in which the husband resides, if he be such resident, and otherwise, of the county or corporation in which the wife resides, and by him recorded in the same manner prescribed in the third section.

5. If any minister, who shall have given bond in order to his being authorized to celebrate marriage in this state, shall fail to comply with the second section, the condition of such bond shall be deemed to be thereby broken, and he shall also be subject to the penalty hereinafter prescribed for such failure.

6. Every such clerk of a court shall, on or before the first day of the next November term of his court, post at the front

door of his courthouse a copy of the second section, with a statement of the penalties for violations thereof.

7. Every commissioner of the revenue shall make an annual registration of the births and deaths in his district. When he ascertains the personal property subject to taxation, he shall ascertain the births and deaths that have occurred in the year ending on the 31st day of December preceding, and such circumstances as he is hereinafter required to record. He shall ascertain the births and deaths in each family from the head of such family, if practicable.

8. He shall record, in a book to be kept by him for that purpose, so far as can be ascertained, the date and place of every such birth; the full name of the child, (if it has a name;) the sex and color thereof; and if colored, whether free or slave; also, whether the child was born alive or still-born; the full name of the mother; and if the child be free and born in wedlock, the full name, occupation and residence of the father; if the child be a slave, the name of the owner; if there be more than one child born at one birth, the fact and number shall be stated, and any other circumstances of interest relating to any birth.

9. Every such commissioner shall in like manner record, in a book to be kept by him for that purpose, the place and date of every death in his district during the year ending on the preceding 31st day of December; the full name, sex, age, condition (whether married or not) and color of the deceased; and if colored, whether free or slave; also the occupation, if any, of the deceased, and his or her place of birth; the names of his or her parents; and (if the deceased was married) the name of the husband or wife; and if the deceased was a slave, the name of the owner; also the disease or cause of the death, so far as such facts can be ascertained.

10. The commissioner shall make and subscribe an affidavit upon each of the books so to be kept by him, to the effect that he has pursued the directions in this act, according to the best of his skill; and he shall return his said books to the clerk of the court of his county or corporation on or before the first day of June.

11. Such clerk shall thereupon record a full abstract of the contents of the said book, containing a record of births, in his said register of births, setting forth, in convenient tabular form, all the circumstances hereinbefore required to be recorded, with references to the commissioner's book, and making an alphabetical index of the names of the free children born and (when they have no names) of the names of the parents; and also of the names of the slaves born, and the names of their owners, placing in the index the dates of the births.

12. He shall in like manner record a full abstract of the contents of said book, containing a record of deaths in his said register of deaths, setting forth, in convenient tabular form, all the circumstances hereinbefore required to be recorded, with references to the commissioner's book, and making an alphabetical index of the names of the deceased, and the names of the owners of deceased slaves, and placing in the index the dates of the deaths.

13. Every such clerk of a court shall file and preserve in his office the books so deposited with him by the commissioners.

14. He shall transmit to the auditor of public accounts a copy of his register of marriages during the preceding year, on or before the first day of March in each year, and a copy of his register of births and register of deaths during the preceding year, on or before the first day of August in each year.

15. Such copies shall be filed and preserved in the said auditor's office, and from them the auditor shall prepare an abstract annually of marriages, births and deaths in each county and corporation, and shall make a report upon said registrations once in every period of two years, to be laid before the general assembly. The annual abstracts so to be prepared by him shall be published once in a medical journal, if there be one published in this state, and otherwise, in a newspaper of general circulation.

16. The said books to be kept by the clerks and commissioners, and copies thereof, (or of any part thereof,) certified by the clerk lawfully having the custody thereof, shall be *prima facie* evidence of the facts therein set forth in all cases.

17. A clerk shall be allowed out of the treasury five cents for every marriage, birth or death recorded by him pursuant to this act, payable after he shall have complied with the fourteenth section. A commissioner shall be allowed out of the treasury five cents for every birth or death recorded by him pursuant to this act.

18. A clerk shall be entitled to ten cents for every copy of an entry in said books relating to a marriage, birth or death, to be paid by the party requiring the copy.

19. If a commissioner in any case cannot obtain the requisite information concerning any birth or death from the head of the family as before required, he shall obtain the same from such persons as are hereinafter required to give it; or if that cannot be done, from any other person, always recording the name of the person giving the information.

20. Every physician and surgeon shall, in a book to be kept by him, make a record at once of the death of every person

dying in this state, upon whom he has attended at the time of such death, setting out, as far as practicable, the circumstances herein required to be recorded by a commissioner respecting deaths. He shall give to a commissioner of the revenue, whenever called on by him for that purpose, annually, a copy of such record, so far as the same relates to deaths in such commissioner's district. For every neglect or failure to perform any duty required of him by this section, a physician or surgeon shall forfeit twenty dollars.

21. Every coroner shall keep a like record of the deaths in relation to which he acts officially, and give a copy thereof to any commissioner of the revenue whenever called on by him for that purpose, annually, so far as the same relates to deaths in such commissioner's district. For every neglect or failure to perform any duty required of him by this section, a coroner shall forfeit twenty dollars.

22. The commissioner shall make such entries or corrections in his record of deaths as may be supplied or warranted by the copies so to be furnished to him by physicians, surgeons and coroners, noting the source of the information.

23. The head of any family, if he be not at his residence when the commissioner calls there to obtain the information required by this act to be obtained of him, shall give the same information to the proper commissioner of the revenue on or before the first day of June in the same year; and for a failure or neglect to do so, shall forfeit one dollar. If any head of a family, being lawfully requested to give any such information, shall refuse to give the same, he shall forfeit ten dollars.

24. If any commissioner of the revenue fail to obtain any information respecting a birth or death, which he is by this act authorized or required to obtain, and which he can procure, he shall, for every such failure and for every failure to record the information acquired by him respecting a birth or death according to this act, forfeit five dollars.

25. If any commissioner of the revenue fail to perform the duties required of him by the tenth section of this act, he shall forfeit fifty dollars.

26. If any clerk of a court fail to perform any duty required of him by the third section of this act, he shall forfeit ten dollars for every such offence; and if he fail to perform any duty required of him by the eleventh, twelfth, thirteenth or fourteenth section, he shall, for every such offence, forfeit fifty dollars.

27. If any minister or other person celebrating a marriage, or the clerk or keeper of the records of any religious society, fail to perform any duty required of him by the second section, he shall, for every such offence, forfeit ten dollars.

28. If any clerk of a court, commissioner of the revenue, physician, surgeon, coroner, minister or other person celebrating a marriage, or clerk or keeper of the records of any religious society, shall, in any book, register or record, which such officer or person is by this act required to keep or make, or in any copy or certificate which by this act he is required to make or give, knowingly make any false, erroneous or fraudulent entry, record, registration or written statement, he shall, for every such offence, forfeit not less than one hundred nor more than five hundred dollars.

29. If any person, upon whose information or statement any record or registration may lawfully be made under this act, shall knowingly give any false information or make any false statement, to be used for the purpose of making any such record or registration, he shall forfeit not less than fifty nor more than three hundred dollars for every such offence.

30. The auditor of public accounts shall furnish the clerk of every county and corporation court and every commissioner of the revenue with all forms and instructions which he may deem necessary or proper for carrying this act into effect.

31. This act shall take effect on the first day of Jan. 1858.

Doctors' Tax

We have received an official copy of resolutions passed by a full meeting of the physicians of Northumberland county, protesting against the tax on doctors' licenses. But believing that there was a misconstruction of the law, we will take the precaution, suggested by the secretary, of submitting the matter to the attorney general, before we publish them.

We fully concur with those who think that "the powers that be" have no abstract right to tax the profession without recognizing or protecting it. It is by law and by usage a *trade*, and should be on the footing of such in the tax bill; then why tax the calling of doctors and exempt that of carpenters, blacksmiths, etc.?

This is a grievance incident to the present condition of our profession, and, together with innumerable others, cannot be remedied till we reform our ranks, organize ourselves, and shew that we are worthy of consideration, at least as a class.

Let the laws recognize and protect us, and we will not grudge a heavy class tax. But this it will never do, so long as each individual "saw-bone" mopes about like a superannuated granny, utterly careless of all but his pittance fees and the poor puny bubble of reputation in his neighborhood. Let every man worthy of the appellation of *doctor* put his shoulder to the wheel, and we shall soon be disenthralled and enfranchised. Let the watchwords be *organization* and *reform*.

Ethics.

We have received several communications on the subject of Medical Ethics. Those involving special points we have replied to privately, with the exception of one or two instances, when the communications were not accompanied with a name, or where the questions could only have been propounded by unworthy *outsiders*. In reply to the numerous applications for single or dozens of copies of the National Code, we have to reply, that it seems to be out of print in Virginia, and the State Society neglected to take action in regard to the subject at its last meeting. We hope that the executive committee will order, at an early day, a large edition to be printed, so that the local societies as well as individuals, may be supplied with copies. A correspondent justly remarks, that "there are some good and worthy men who disregard many of the first principles of professional ethics, because they are ignorant of them. If they could obtain a copy, they would most cheerfully conform to the requisitions." This is sometimes a true excuse—often an assigned one merely. As men are made "erudite and worthy Doctors of the art of Medicine" without ever having a lecture or a line of erudition in this important and practical branch, it is of the first moment that each and every one *dubbed* should have placed in his possession a *Code*, printed in clear type.

Medico-Chirurgical Society of Richmond City.

This association went fully into operation on Tuesday, July 6th, by the election of the following officers :

Dr. Jno. DOVE, *President.*
Dr. C. P. JOHNSON, *First Vice President.*
Dr. C. S. MILLS, *Second Vice President.*
Dr. R. A. LEWIS, *Recording Secretary.*
Dr. W. D. HASKINS, *Corresponding Secretary.*
Dr. JAMES BOLTON, *Treasurer.*
Dr. P. H. CABELL, *Librarian.*

The committee, previously appointed for the purpose of procuring a place of meeting, reported that an arrangement had been effected, by which the society would meet in and use the hall of the Medical Society of Virginia, at a rent of \$200 per annum. A committee, of which the librarian was made chairman, was then appointed to procure the necessary furniture, &c. for the society.

On motion of Dr. OTIS, "*Obstructions of the biliary ducts,*" was made the regular subject for discussion at the August meeting.

After some business of a private character was transacted, the society adjourned.

13th Congressional District Medical Society.

ABINGDON, *July 22d, 1852.*

A meeting of the physicians of this congressional district was holden in this place, for the purpose of organizing a District Medical Society. Dr. D. TRIGG was called to the chair and Dr. JAS. H. DUNN appointed secretary.

The following gentlemen were enrolled as members of the society :

Drs. W. P. Floyd and Samuel C. Gleeves of Wytheville; E. D. Kernan and C. Alderson, Lebanon; J. T. Smith, Russell county; J. M. Estill, Jeffersonville; Jas. E. Robertson, Greenesville; Z. Scates, Smyth county; A. R. Preston, D. Trigg, Jas. H. Dunn, W. F. Barr, E. M. Campbell, Abing-

don; N. Snead, Sam'l. Dunn, R. F. Preston, B. F. Zimmerman, A. C. Maxwell and John Keys, Washington county.

The chairman appointed the following committee to report a constitution for the society: Drs. Floyd, Preston and Barr. The committee reported a constitution, which was unanimously adopted.

After the adoption of the constitution, the following officers were elected for the year:

Dr. W. P. FLOYD, Wytheville, *President*.
 Dr. A. R. PRESTON, Abingdon, *First V. President*.
 Dr. E. D. KERNAN, Lebanon, *Second V. President*.
 Dr. JAS. H. DUNN, Abingdon, *Recording Secretary*.
 Dr. W. F. BARR, do., *Corresponding Secretary*.
 Dr. D. TRIGG, do., *Treasurer*.

The Code of Medical Ethics adopted by the American Medical Association, was adopted for the government of the members of this society.

The following members of the profession residing in Virginia, were unanimously elected honoray members of the society: Drs. John P. Mettauer of Prince Edward county; H. H. McGuire, Winchester; C. Bell Gibson and R. W. Haxall of Richmond.

Debates ensued upon the nature and treatment of dysentery, typhoid fever, hæmorrhages, fistulas, &c. The discussions continued until a late hour at night.

The society was made auxiliary to the State Medical Society. The annual meetings will be held in Abingdon on the 1st Tuesday in April. Special or called meetings at such times and places as may be determined by the society or by the president.

W. F. BARR,
Corresponding Secretary.

[We will be obliged if the secretary will furnish us with condensed reports of the discussions and papers read before the society in future.—ED.]

Richmond Pharmaceutical Society.

We are gratified to announce that this body has gone into successful operation. At its last meeting the following gentlemen were elected the officers for the next year :

ALEXANDER DUVAL, *President.*

JAS. P. PURCELL, *First Vice President.*

J. B. WOOD, *Second Vice President.*

CHAS. MILLSPAUGH, *Recording Secretary.*

S. M. ZACHRISSON, *Corresponding Secretary.*

W. S. BEERS, *Treasurer.*

JNO. T. GRAY, *Librarian.*

The hall taken by the society for its meetings and use is on Main street, above the drug store of Peyton Johnston & Co. The meetings of the society for scientific purposes, and for the mutual improvement of its members, are held on the first Monday of every month. Meetings are also held on the third Monday of every month for the transaction of business only.

A constitution and by-laws have been adopted, but they are not yet deemed sufficiently perfect to be closed from amendment, and are consequently not yet printed.

The society contains many men of talent, energy and enterprise, and it must succeed well, and be productive of great good.

Appointments.

In pursuance of resolutions adopted at the late annual meeting of the Medical Society of Virginia, the president has appointed the following committees :

1st. "To address the medical men of the state, and to set forth the nature of the measures of medical reform inculcated by this society, and to urge the importance of the efficient co-operation of all who feel an interest in the honor and prosperity of the profession."

Committee—Drs. W. D. Haskins, Carter P. Johnson James L. Cabell, Levin S. Joynes, and M. P. Scott.

2nd. "To make such representations to the legislature as may be deemed proper and expedient as to the character of the reform sought to be accomplished by the society, and of its importance to the protection of the community and the improvement of the profession."

Committee—Drs. James Beale, (appointed by the society,) D. H. Tucker, P. C. Gooch, Wm A. Patteson, and F. W. Roddey.

Transactions of the American Medical Association.

The readers of the Stethoscope are hereby informed that the volume of the Transactions of the American Medical Association, containing all the interesting papers and reports presented at the meeting held in Richmond in May last, and making about 1000 pages, will soon be issued. Members, or institutions represented in that body, will be furnished with one copy for \$3, or two copies for \$5, *if the amount is remitted to us, or to Dr. D. Francis Condie at Philadelphia, previous to the 1st of September.* After that time the price of the volume will be *five dollars.* We advise those desiring them to be prompt.

Societies or individuals, who desire to procure for their libraries the full series of the *Transactions*, may obtain them by remitting to us \$20, and indicating the medium through which they shall be forwarded. We can obtain two copies of the unbroken series of 4 vols., if immediate application is made. It is probable that these are the only two copies which can be bought at any price. The first three volumes may be had at a much cheaper rate; we have a few of them still on hand.

Dr. Goodridge A. Wilson.

This gentleman, who has been an able contributor to our journal from its commencement, and who has occupied a prominent position in the movement of medical reform, has re-

moved from this city to North Carolina, where, we rejoice to learn, he is in possession of an extensive and lucrative practice. By his removal the Richmond profession has lost one of its best and most popular members. Dr. W. is a man of high talent, industry and acquirement—an urbane and courteous gentleman of the old Virginia school—a devotee to his profession, and one who is at all times ready to give his best work to the great cause of exalting its honor and dignity.

Dr. Wilson carries with him the highest esteem of a large number of friends here, who will always be glad to hear of his well merited success.

Dr. Wm. A. Thom.

This gentleman has accepted the appointment to deliver the next annual address before the society of alumni of the medical department of Hampden Sidney college.

Appointment.

We learn that Dr. ROBERT E. ROGERS of the University of Virginia, has been appointed professor of chemistry in the University of Pennsylvania, in place of his brother, the late Dr. James B. Rogers. This is a first rate appointment, for we do not know a man who *teaches* chemistry better than Dr. R., in the whole country.

Exchanges.

Our exchanges come to hand pretty regularly, and we regret that space does not permit us to draw on them more heavily for selected matter.

We have received the first five numbers of a 16 page semi-monthly, styled the *Philadelphia Medical and Surgical Journal*, edited by “an association of physicians—price \$1 per annum.” It may be the *nucleus* of something, and of

something valuable; but thus far it has not given any indications of its intent nor of the object of the association which starts it. There must be something behind as yet. "*Nous verrons.*"

Reviews and Bibliographical Notices.

The History, Diagnosis and Treatment of the Fevers of the United States—By ELISHA BARTLETT, M. D., Professor of Materia Medica in the College of Physicians and Surgeons of the University of New York; Member of the American Academy of Arts and Sciences; Author of an Essay of the Philosophy of Medical Science, etc., etc. Third edition, revised. Philadelphia: Blanchard & Lea. 1852. 8vo. 595 pp. From the publishers, through A. Morris.

It would be useless for us to enter into an elaborate examination of this book. It is already highly estimated and prized in its own country, and has given its author a fame abroad. The edition before us is an improvement on the others in the "getting up" more than in the "matter." Dr. Wm. Jenner's papers on *typhous*, *typhoid* and *continued* fevers, published in London within a year or two past, have attracted much attention for the forcible arguments which they adduce in support of the doctrine that these diseases are widely and essentially different. Dr. Bartlett agrees pretty exactly with Dr. Jenner, and in the last edition of his work he devotes chapters to these subjects, and he therein reiterates the views of Dr. J. Besides this addendum, the book is not materially altered, and this addition will be received, as the others were, with universal favor. It is an American work, and moreover, its superior has not yet been issued from the foreign press.

Fenner's Southern Medical Reports, vol. II, for 1850. New Orleans: Davies, Son & Co. New York: S. S. & W. Wood. 1851. 8vo. 498 pp.

We should have noticed this book before—it has been issued long ago, and we are soon to expect the volume for 1851. It is edited by Dr. E. D. FENNER of New Orleans—a man of great talent and energy, and one whose fondness for the literature of his profession causes him to make great sacrifices of time, labor and "*material aid*," to himself and family. The

volumes are issued (or intended to be) annually, and consist of "General and special reports on the Medicinal topography, Meteorology, and prevalent diseases of the States of Louisiana, Alabama, Mississippi, North Carolina, South Carolina, Georgia, Florida, Arkansas, Tennessee, Texas and California." We do not see why Virginia should be omitted, but at any rate the "Reports" are valuable and interesting, inasmuch as they contain choice papers from the pens of the ablest scientific men in the South, on subjects of great interest and practical value. The climate, vital statistics and the prevalent diseases of southern localities, are too much neglected now by our doctors and politicians, as well as by the people of this country, and it is to be hoped that this publication will soon attain such a general circulation that these matters will be more attended to.

We received a copy from Messrs. J. W. Randolph & Co., who we presume can supply any one desiring them with the two volumes issued, and will receive the subscription to the 3d volume now in press.

The Outlines of General Pathology—By M. L. LINTON, M. D., Professor of Theory and Practice of Medicine in St. Louis University. St. Louis: 1851. 8vo. 205 pp. From the Author.

Most of these "Outlines" appeared in the St. Louis Medical and Surgical Journal. There are encompassed within the 205 pages of large type 13 chapters, each one of which treats of some one or more of the complex subjects of human pathology. We have read most of them, and their perusal, without suggesting anything new, has afforded much field for thought and matter for mental digestion, and the book has given us a very exalted opinion of the author's ability. He has that philosophical turn of mind which capacitates him for a sound and orthodox professor of the branch of which he has charge in the St. Louis University. The chapter on "medical doctrines" is first rate *as far as it goes*; but, as in the rest, the author has been too shy, and it is merely an *outline* of the doctrines of the early fathers and modern theorists.

The book, however, affords many hours of agreeable and useful reading.

An Analysis of Physiology: being a condensed view of the most important facts and doctrines, and designed especially for the use of Students—By JNO. J. REESE, M. D., Lecturer on Materia Medica in the Medical Institute of Philadelphia; Physician to Willis' Hospital; Fellow of the College of Physicians—Second edition, revised and enlarged. *Philadelphia: Lindsay & Blackiston.* 1852. Large 12mo. 368 pp. From the publishers, through the Methodist Book Concern.

The progress of physiology and the kindred sciences has rendered it absolutely necessary to rewrite books like this every six or eight years. This little physiology is in constant demand, on account of the rapid system of absorption of knowledge by the students; and in order to keep its reputation with them as a reliable authority, it must be correct and give the *latest news* about the science. Therefore, we recommend it not only to all undergraduates in medicine, but also to those who desire a handbook of modern physiology.

Outlines of a Course of Lectures on the Materia Medica; designed for the use of Students; delivered in the Medical College of South Carolina—By HENRY R. FROST, M. D. *Fourth edition.* *Charleston: Walker & James.* 1851. 8vo. 384 pp.

We have been favored with a copy of this work by its urbane and accomplished author, and upon looking over it we are satisfied that it is invaluable to the attendants upon Professor Frost's lectures—and that is not all, it is the most extensive and the best arranged *note-book* of the materia medica which we have ever seen. The author is not carried away by the classification of medicinal agents entirely according to their reputed action—but, under the head of each first-class agent, he makes sensible and *practical* remarks as to its application in various pathological conditions.

The last chapter, about fifty pages, is devoted to the "aliments," and it is one of great value. The best diet in particular diseases is given, together with observations on the leading articles of nutrition in health and disease. The syllabus is well worth a place in every practitioner's office.

A Treatise on the Surgical Treatment of Polypi of the Larynx and Edema of the Glottis—By HORACE GREEN, A. M., M. D., etc., etc., New York: G. P. Putnam. 1852. 8vo. 121 pp., with four illustrative plates. From the author, through Nash & Woodhouse.

Dr. Green has an extensive reputation in this country, chiefly won by his publications on the nature and treatment of diseases of the throat. He and Dr. Ira Warren of Boston have done much towards this speciality, and they are both reaping the same sort of reward, in reputation and emolument, which Sichel, Ricord and Williams have reaped in Europe, by getting extensive practice in diseases of the eye, of venereal and of the chest.

Dr. Green seems to have ridden a hobby—but he is not singular in that. We do not believe in all the cases of laryngeal polypi, or of oedema of the glottis either, that are so diagnosed. The author, however, says in his preface that they are “fortunately rare,” but are of more frequent occurrence than they are suspected or discovered. From the mere cursory examination which we have been compelled to give to the treatise, we must confess that it is one of value to the practitioner, because it gives interesting cases, and the nature, diagnosis and treatment of these diseases are sensibly and clearly described. His pathology is good, and the book is worth far more than its cost.

In a future number we shall recur to Dr. G.’s treatment.

Du Rachitis de la Fragilité des os, de l’Ostéomalacie—Par E. J. BEYLARD, (de Philadelphia;) Docteur de Médecine de la Faculté de Paris; Membre de la Société d’Observation; Membre Correspondent de la Société de Biologie. Paris: 1852. 4to. 293 pp.

We have been favored by the author with this thesis, and have scanned it with pleasure and profit. It presents a clear and lucid exposition of the nature and treatment of malacosteon in all its varieties and stages. Numerous cases are detailed, and they are illustrated by numerous figures on *eight* well executed plates.

The remarks on the causes and upon the alterations of the blood and the viciation of nutrition, upon which many cases are dependant, are philosophic and instructive, and we regard the whole as a very valuable monograph upon one of the most neglected subjects.

*Practical Chemistry, a branch of Medical Education: considered in a brief Letter to his Class—*By ALFRED L. KENNEDY, M. D., Lecturer in the Philadelphia School of Chemistry, Ex-Professor of Chemistry in the Philadelphia College of Medicine, Vice-President of the Parisian Medical Society, &c. *A Pamphlet.*

This letter contains many hints of great interest to all who uphold a reform in the American system of medical education. It points out the defects in the system of teaching that most important branch of medical science—which is almost entirely didactic in this country—and its general perusal by the chemical teachers in the United States might probably be beneficial in stimulating them to adopt the European mode of instruction; or at least, to attempt it. We hope that the pamphlet will be generally distributed.

Braithwaite's Retrospect of Practical Medicine and Surgery.
Part the twenty-fifth. June 1852.

This number is well worth its cost, and it may be had of all our booksellers, by remitting to them one dollar. It is not equal to its predecessors in the extent or in the choice of its matter, and it is too purely English. Why cannot some of our publishers get up a Retrospect of all that transpires in the world in medicine? Why confine such publications to foreign matter? There are some few American articles in this semi-annual, but it is almost entirely devoted to foreign medical literature, and we think that a similar work established in this country would succeed admirably if it contained *the cream* of the American contributions to medical science, as well as those of the old world.

Our thanks are due to the authors of the following pamphlets, which time and space do not permit us to notice:

*Contributions to Experimental Physiology—*By BENNETT DOWLER, M. D., etc.

*Tableaux of New Orleans—*By the same. A rare paper; scientific and valuable.

*Amputation of the Lower Jaw, and Disarticulation of both Condyles—*By J. M. CARNOCHAN, M. D., etc.

A History of the Art of Midwifery, shewing the past inefficiency

and present natural incapacity of Females in the capacity of Obstetricians—By AUG. K. GARDNER, M. D., etc. of New York.

The Vital and Sanitary Condition of Memphis, Tennessee—By GEORGE R. GRANT, M. D.

An Essay on Empirical Remedies—By ROBERT CAMPBELL, M. D., of Augusta, Ga.

The Transactions of the Belmont Medical Society for 1851-2. Published at Bridgeport, Ohio—By J. G. AFFLECK.

Address before the Tennessee Medical Society—By Prof. JNO. M. WATSON, M. D.

To the Graduates of St. Louis University—By CHARLES A. POPE, M. D.

To the Graduating Classes of the Medical College of South Carolina—By E. GEDDINGS, M. D.

An Address to the Medical Society of the District of Columbia—By Prof. GRAFTON TYLER, M. D.

Annual Catalogues and Announcements of almost every medical college in the United States.

On the Recommendation of Nostrums by Physicians.

BY HUGH RONALDS, M. D., EVANSVILLE, IA.

While our whole western country is flooded with patent nostrums, infallible remedies and specific cures for every complaint under the sun—while nearly one-half of the business of our drug stores is supplied by the sale of patent remedies—while the regular practise of medicine is daily less and less depended upon for the cure of disease—while the respectable portion of the medical press is continually calling upon the profession to set their faces against the spread of this great abuse, we daily see instances of the most flagrant quackery, in the form of recommendations to nostrums, practised by some of the most influential members of the profession; while among the principal part of the professional public a dispute appears to exist, as to how far, or under what circumstances, a medical man is justified in giving a favorable testimonial to a medical preparation.

By many it is considered that if a physician is really satisfied that a remedy possesses remedial virtues, he is justified in testifying to it as such. While others consider it essential that the physician should be made acquainted with the composition of the remedy before he can recommend its use.

Now it appears to me, that in arguing this question, one essential point has been too little considered, namely, the ul-

timate effect which such recommendations are calculated to produce. The question is not only as to the efficacy of the remedy in the treatment of disease, but as to the use which is to be made of it, and of the affixed recommendations.

If, for instance, a chemist by some peculiar process, should succeed in the preparation of some superior form of extract, or in the happy combination of various substances, so as to produce an article of remedial powers, and offers that article to the profession, to be applied to the treatment of disease, it is not only the privilege but the duty of every physician who has experienced its superior qualities, to make those qualities known to his professional brethren. The only question here, is, whether the article does or does not possess useful qualities, when administered by competent judges of its actions and effects.

The effects of such recommendations can never be injurious, because they only point to certain qualities or properties of the article in question. The remedy is recommended to the profession, not as a specific for the cure of a certain disease but as available in the treatment of disease generally upon account of its peculiar properties.

But when a remedy is offered to the public not as one possessed of certain properties, such for instance, as a tonic, a cathartic, and alterative, &c., but as the curer of a certain disease, the matter assumes a very different form. The physician is here required to testify, not to any physiological action which such remedy may exert upon the system, not to any agency which it may have upon any disordered function, but to its power in curing a certain disease, whatever may be the stage of such disease, whatever may be the constitution of the patient, or whatever may be the peculiar features of any particular case.

It is evident that these two forms of recommendation are widely different in the effects which they are intended to produce. The one merely setting forth that a certain substance possesses certain physiological properties, the other, that it possesses the power of curing a certain disease, administered by however incompetent a judge of the stage of disease, or of the peculiar character of the case.

My attention was particularly directed to this subject by noticing the advertisement of Ayer's cherry pectoral in the reprint of the London Lancet, accompanied by the favorable testimonials of many distinguished medical men.

Now in this case, Mr. Ayer apparently acts with *great* candor. He addresses himself to medical men, he calls upon them to test his preparation for themselves, and to decide upon its merits after a fair trial of its effects.

So far all is correct. If there are any remedial virtues in his compound, Mr. Ayer has an undoubted right to receive the credit of it, and physicians have as good a right to avail themselves of the advantages which it offers. They are aware of its constituents, and are competent judges of the cases in which its administration is applicable; and in their hands there is no earthly doubt, that it is a remedy of great use in suitable cases.

But when Mr Ayer places his remedy in the hands of the public, and assures them that it will cure, or as he expresses himself, relieve colds, coughs, consumption &c., is he not acting the part of a quack and imposter in every sense of the word, and is not every physician who gives his testimonial to this effect, knowingly and willfully saying *the thing, that is not?* Is there any educated physician who can conscientiously say, for instance, that every case of croup, which may occur in future, may be relieved by the use of Ayer's cherry pectoral; that the remedial effects of mercurials, counter-irritation baths, bloodletting &c., are useless and unnecessary, and that the physician is not required, provided that access can be had to Ayer's cherry pectoral.

Or can any man in our present state of knowledge, say that every case of incipient consumption may be relieved by the use of the pectoral, exclusive of change of climate, variation of occupation, removal from deleterious influences, &c. Yet such are the statements which Mr. Ayer does make, and such are the statements which his professional friends endorse in offering his nostrum to the public as sufficient in itself for the cure of the various complaints which he enumerates.

If the remedy were offered to the public through the hands of physicians, it would be offered to them in addition to all of the other known appliances of the science. But it is offered to the public as sufficient in itself for the cure of disease; it is virtually denying the necessity for resorting to any other mode of relief whatever.

The effect of a physician's recommendation of a remedy presented to the public in this manner, is to persuade that public that the nostrum is a specific for the disease; that it may just as well be administered by one person as another; that no education, experience or judgment is necessary to treat the disease, further than that required to give the requisite dose of the remedy; and therefore, in short, the physician is better out of the way.

It is really time that some definite understanding should arise among the members of the profession upon this subject, while a larger part of medical men are laboring honestly to

raise themselves and their profession higher in the scale of social position, how disheartening, how utterly discouraging it is to see men of high standing, men to whom we naturally look up to, recklessly scattering nostrums and specifics over the land, and promising cures through their instrumentality as unblushing as though they were possessed of some miraculous agency.

It is no excuse for such men to say that they have been made acquainted with the preparation of such and such a nostrum and that they have tested their remedial powers, or proved their valuable qualities. This is not denied. It is the recommending them to the uninformed public as specific cures of which we complain; it is this that does the mischief, both to the credulous patient and to the discarded practitioner.

The true bearing then of the question, as to how far a medical man is justified in recommending a preparation of medicine, should be made to depend upon the effect which such recommendations are calculated to produce. And should it be found, as in the above instance, that the effect intended to be produced, is that of depreciating the legitimate practice of the profession, and encouraging a popular belief in specific remedies, their authors should be denounced as unprincipled quacks, let them occupy what position they may.—*Western Lancet*.

On the Varieties of Alvine Discharges in Children.

BY DR. MEREL.

The intestinal discharges mentioned by the author are—

1. The *yellow* discharge. This is the regular kind of stool in infants. It is a mixture of intestinal secretions with bile. As children advance in age, and begin to take substantial food, the color of their regular discharge becomes more and more of a light brown color.

2. The *mucous* discharge. White mucous matter, more or less thick or liquid, and mixed with serum, sometimes with a proportion of bile. This discharge is preceded by but moderate pains, and frequently by no pains at all. It denotes a catarrhus, sub-inflammatory, or irritable state of the intestines, and is almost always of local, and not of sympathetic, origin; in general, it is not dangerous, and at its commencement is easily manageable by opiates, warm poultices, and convenient hygiene. If neglected, it becomes pertinacious and severe, and not seldom connected with swelling, softening, or gra-

nules of the mucous membrane, or ulceration of the follicles. If stripes of blood are mixed with the mucus, and pain be present, it denotes a higher degree of inflammation, in particular of the follicles. The highest development in this direction constitutes enteritis or colitis (dysentery.)

Sometimes we find among the mucus, consistent *plastic concretions* of a more or less tubular shape, similar to those of laryngeal croup, but larger in proportion to the volume of the intestines. This is the strongest degree of the catarrhus process, which I might term the *croup of the intestines*. Among the whole number of my little patients, which may be about 30,000, I met with this discharge perhaps only twenty or thirty times. The discharge is effected with very painful efforts at a stool.

The *serous*. In general, after more or less severe pains, the discharge takes place with a certain rigidity and noise, after which the pains lessen or subside. It consists of an abundant quantity of serous liquid, dirty whitish, yellowish, or greenish, as, besides mucus, bile is the most common mixture with the serum. The serous diarrhoea is commonly the effect of rheumatism in the peritoneum, in the serous or fibrous membranes, or in the nerves of the intestines. I found in these cases the abdomen very hot. If a great deal of mucus and some blood are mixed with the serum, we may suspect parenchymatous enteritis; if the serous membrane alone enters into the state of acute inflammation, frequently transudation takes place on its free surface.

I have seen cases of profuse serous discharge, in a very short time, even in less than twenty-four hours, produce collapse and death, and in some of these instances necroscopy could not discover an adequate alteration either in the mucous or in the serous membrane.

The serous species of discharge is frequently merely a product of sympathetic secretion. I observed it sometimes connected with large transudations in the chest, and with chronic hydrocephalus.

Speaking in general, serous diarrhoea, if even arising from rheumatism, is more difficult to manage than the mucous. Very minute doses of calomel, with Dover's powder and mustard poultices, are frequently beneficial.

Pure serum, like rice-water, is a less favorable quality than the dirty white or yellowish. Dark brown serum frequently denotes a disorder in the portal system, present in some severe gastric or typhoid fevers, but I have seen a similar quality also in chronic affections of the brain, and very frequently in scrofulo-impetiginous children. This is worthy of

our attention, in particular if eczema or impetigo has disappeared from the head and face. This brown and fetid discharge accompanies sometimes the commencement of chronic hydrocephalus. I treated it successfully, in this last case, with high but very diluted doses of iodide of potash.

4. *The green bilious discharge.* If pure bile, then the voided matter is, in general, not abundant. In young children, it is of a more yellowish than green color. The essential character of bile is, to be of a *greenish color* (in infants it is voided green) *at the very moment of its evacuation.* This kind of discharge is very frequently present in acute inflammatory and febrile affections; if dependent upon an affection of the brain, then we may find the color to be rather brown, and the abdomen retracted. If a similar source produces abundant serous-bilious discharges, then we find the abdomen much collapsed. But I must observe, acute affections of the brain are almost always connected with constipation; only in some cases of chronic hydrocephalus I met with the mentioned diarrhoea. Bilious discharge, as arising from bilious fever, or from derangement of the liver, is rare in young children. In this case, the right hypochondrium will be more or less bloated up. We must be careful not to confound the green bilious discharge with the following:

5. *The discharge, like chopped eggs,* mixed with mucus, some clots of bile, and caseous coagula of indigested milk, or other kind of food, accompanied almost always by gripes and flatulence; its smell is disagreeably acid, and the whole matter, some minutes after being discharged and *exposed to the atmosphere, becomes green.* We know not exactly the chemical change which produces this coloration; it seems to be an oxydation of some of the elements. Then the essential character of this discharge is, that it is yellow at first, and becomes green by exposure to the atmosphere, while bile is green at the moment it comes out. I shall call this *the acid saburral discharge*, which is the most obvious before the sixth month of age, in particular if the sucking child takes, besides the milk, some farinaceous food. Practitioners commonly prescribe in this case rhubarb, with magnesia. For my part, I prefer, in tender infants, to rely more upon a convenient change in the diet, and as a remedy, aromatic frictions of the epigastrium, and internally bicarbonate of soda, dissolved in mint water.

6. *The bloody discharge.* Pure red blood is seldom discharged by children; in some rare cases I have seen half or one table-spoonful come out, as the product of active congestion and hæmorrhage. Very frequently, on the contrary, blood is combined with the mucous discharge, and in this case

if it is preceded by pain, without tenderness, it denotes an inflammation in the upper parts of the intestinal tube, at least not near the rectum. Tenesmus signifies that the seat of the inflammation is in the lower parts of the colon, or in the rectum. This form is commonly called *dysentery*, not dangerous, if it is without bilious complication and fever, and if treated in its early stage with Dover's powder, some doses of castor oil, and warm poultices; in a stronger degree, leeches at the anus; but if neglected in the commencement, it becomes dangerous to the life of the child. Professor Rokitansky, of Vienna, describes most exactly what he calls the "dysenteric process," in three gradual degrees of anatomical change. The highest degree, presenting a dirty red and gray marbled surface, with considerable thickening, granulation, and ulceration, I never saw in the tender age. Young children die before this stage is developed.

Passive hæmorrhage of the intestines very seldom occurs in children. I have seen, however, some cases where, without adequate pain, a considerable quantity of dark thin blood was discharged. Lastly, we have seen in this town, with Mr. Wilson, a case in a child six years old, where, during the course of a gastro-typhoid fever, more than one pint of carbonized blood was discharged in two days. The case recovered. The boy is affected with an enlarged spleen.

Moderate quantities of red blood, discharged without pain, frequently occur, mixed with mucus, and are, without signification, sometimes even connected with the advance of recovery from gastric affections. This is the same case as with epistaxis.

Golding Bird and Simon state, as the result of chemical analysis, that some dark green stools of children owe this color to the blood which has suffered a certain chemical change; but those chemical enquiries are not yet arrived at a satisfactory exactness; we do not even know exactly what kind of green discharges were the subject of these enquiries.

7. *Calomel Stools*. Green, more or less thick, or mixed with serum, and in this case more abundant, produced by full doses of calomel. Calomel stools resemble bile, and contain much bile, but they contain also some particular chemical elements, which we do not exactly know. In many instances it happens that the calomel diarrhoea commences some days or weeks after the use of mercury, and we must be aware of this, and not confound it with the primary bilious discharge. In the former case, the region of the liver is, in general, softer than in the latter. A clever practitioner will never try to stop directly, and with astringents, a green discharge, whatever be its origin and nature.

Calomel stools sometimes contain blood. After what I have seen in dissection, I incline to attribute this circumstance to a sub-inflammatory state, with superficial erosions of mucous membrane, which sometimes take place in children after the continued use of calomel.

[The author states that he considers all these qualitative and physical distinctions of the discharges of children as very imperfect outlines of a sketch, which, by farther physical and chemical enquiry, can become corrected and perfected.]

[*Ranking's Abstract.*]

Amenorrhœa.

BY J. HENRY BENNETT, M. D.,

Late Physician-Accoucher to the Western General Dispensary, etc.

By amenorrhœa is meant the absence, when physiologically due, of the sanguineous discharge by which menstruation is *externally* manifested. The menstrual function consisting, as we have seen, not merely in the periodical secretion of blood from the interior of the uterine cavity, but also in the maturation and elimination of ova from the ovary, it is necessary to make the above distinction. Ova may, by exception, be matured and evolved from the ovary in the human female, as well as in the lower animals, without any sanguineous discharge taking place, as is evidenced by the repeatedly recorded facts of the conception of young females who have never menstruated, and by the pregnancies which occur in women who are nursing, without menstruation having returned. Thus, the external excretion of blood can no longer, in our present state of knowledge, be considered as comprising the entire function, although, as the rule, its manifestation is the evidence of the existence of those all-important ovarian phenomena with which it is generally connected.

Amenorrhœa may be studied under two principal forms: in the first, which we will call "constitutional amenorrhœa," menstruation has never taken place; in the second, which may be termed "accidental amenorrhœa," it has manifested itself, but has been suddenly or gradually suppressed.

Constitutional Amenorrhœa.—In order to appreciate this, the first form of amenorrhœa, we must recall to mind some of the principal facts connected with the physiology of menstruation noticed in a former paper. Thus, we must recollect that the first appearance of this function follows no strict rule, oscillat-

ing, in health, between the ages of eleven and nineteen or twenty, an interval of nine or ten years; and that the average age of fourteen or fifteen is obtained by the inclusion of the exceptionally extreme cases. We must also bear in mind that, apart from constitutional and family peculiarities, the acceleration or delay of menstruation appears to be more the result of favorable or unfavorable hygienic conditions than of climate, as was formerly taught and believed.

Such being the physiological conditions of menstruation, it is evident that its non-appearance after the average age of fourteen or fifteen is not to be considered a morbid state, as long as the delay is unaccompanied by any symptom of disease or ill-health. Thus we occasionally meet with young females, non-menstruated, of the age of seventeen or eighteen, or even older, whose frame is well developed and healthy, and who complain of no ailment beyond an occasional headache or backache, and sometimes not even of that. With them, menstruation is merely late in its manifestation: they are not suffering from amenorrhœa.

In a considerable proportion, however, of the young females who reach the age of eighteen or more without being menstruated, the delay is either attended with great discomfort and distress, apart from any physical deficiency; or is connected with defective general and sexual development; or is occasioned by some local or general morbid condition; or is prevented by some physical impediment. Each of these states may be said to constitute a distinct form of amenorrhœa.

In those who belong to the first category, we find a well-formed frame, properly developed breasts, as also the other external signs of puberty; but the patient suffers from constant headache and flushing of the face, severe pains in the back and loins, extending to the lower part of the abdomen and down the thighs, and often from a leucorrhœal discharge. It is evident that the changes that precede and accompany menstruation, both in the internal and external organs of generation, have taken place, but that the function has a local difficulty in establishing itself: thence an irregular state of circulation, determination of blood to the head and face, congestion of the uterus, vagina and ovaries, with consequent pain in the uterine regions, and the leucorrhœal discharge. This state is not unfrequently connected with a plethoric condition of the system, and may last from a few months to several years. The advent of the menstrual hæmorrhage generally relieves the patient at once, although she may still continue to suffer at times as above described, if menstruation fails to establish itself regularly.

The second division comprises non-menstruated females, who, although they have attained, or even passed, the ordinary age of puberty, do not present that development of the mammæ and other external organs of generation, by which this period of life is usually characterized. They remain thin, angular and flat-chested, and retain all the characteristics of girlhood, mental as well as bodily. It would appear as if in these cases the ovaries remained dormant, and as if the general stimulation which their progressive maturation imparts to the economy were not supplied.

We have seen that, physiologically, menstruation is retarded by bad living and unfavorable hygienic conditions, whereas its advent is accelerated by good living and favorable hygienic conditions. From this fact alone, we might conclude that all diseases that debilitate the economy would have a tendency to retard the menstrual flux; and such is really the case. Phthisis, scrofula, chlorosis, fevers, indeed all diseases that weaken, produce this effect. None, however, more frequently occasion amenorrhœa than chlorosis, a disease of the blood, in which the solid constituents of the vital fluid are diminished, and the fluid or serous increased. The delay or suppression of the menses, under the influence of this malady, is so prominent a feature in its history, that many writers have very erroneously connected it with the uterus, and have described it as a uterine disease. In reality, the state of the menses is a mere symptom of the anæmia and debility occasioned by the morbid state of the blood. It is only in a few exceptional cases that I have found chloris connected with actual uterine disease.

Lastly, the menstrual secretion may have taken place, but the excretion may never have occurred, owing to congenital or accidental closure of the genital passages. The os uteri, the vagina, and the hymen, may be all closed together, or they may be each closed separately. If the closure exists at the os uteri, the menstrual fluid accumulates in the cavity of the uterus, and gradually develops it, so that the enlarged organ rises out of the pelvis, and appears above the pubis, stimulating pregnancy. If it is the lower part of the vagina or the hymen that is imperforate, the menstrual fluid first accumulates in the vagina, which it distends to an extreme degree before it enlarges the uterine cavity. If the fluid collection reaches the hymen, it generally pushes it forward, and forms a tumor, which appears between the labia. This distention of the internal uterine organs is generally attended with great suffering, both local and general, and is marked by periodical exacerbations, corresponding to the monthly periods.

Accidental Amenorrhœa.—The second class of cases comprises those in which menstruation has existed, but has been suddenly or gradually suppressed.

The sudden suppression of menstruation is generally the result of exposure of the body, and especially of the feet, to the cold or to the wet; of a mental shock from fear, grief, pain or anxiety, &c.; or of a sudden attack of disease. It not unfrequently occurs, for a time, as a result of a sea voyage, or of change of climate, without giving rise to much distress, and without requiring medical treatment, the return taking place spontaneously. The sudden suppression of the menses, under the influence of the other causes mentioned, is often followed by the development of inflammation in the uterus, ovaries or lateral ligaments. Even when suddenly suppressed, however, the suppression may be unattended with any unfavorable symptom, beyond slight pain in the back and hypogastrium, flushing and headache. Amenorrhœa thus suddenly induced seldom extends over more than one, two or three periods, under proper management, although the suspension may be much more lengthened, and is sometimes indefinite.

A gradual suspension of menstruation is sometimes observed in those females in whom the function has set in late and with difficulty, without there being any evident cause, general or local. It would appear as if the ovarian and sexual vitality were anomalously low; and after making one or more efforts, at irregular periods, to establish itself, menstruation ceases, not to return, except under the influence of treatment. When this occurs, the health is scarcely ever good, the constitution generally remaining delicate and weak.

In such cases, however, we are warranted in suspecting ovarian or uterine disease. Generally speaking, in the absence of the chlorotic or tubercular cachexia, the gradual suppression of the menses is connected with such disease. The development of the various tumors to which the ovaries are liable, frequently entails amenorrhœa; and the chronic inflammatory affections which are so often observed in the neck and body of the uterus, may have the same result. Menstruation first becomes irregular, being delayed days, weeks or months, and then ceases completely. I have often been consulted for amenorrhœa by females who were laboring under these forms of disease, and in whom it had evidently come on subsequently to the uterine affection.

When menstruation does not return, the uterus, and especially its cervix, even in the absence of positive disease, appear sometimes to be the seat of a kind of permanent conges-

tive irritation, which ultimately may bring on hypertrophy and induration of the latter region. I have seen the cervix become thus enlarged, under my eyes as it were, in the course of four or five years, although there was never any really tangible disease during that time. In one instance, that of a married woman, now twenty-eight, the menses, which from the first had been irregular, stopped immediately after marriage at twenty-three. Soon afterwards she began to suffer from uterine symptoms, and when she consulted me, I found the cervix inflamed and ulcerated, but not hypertrophied. The disease was soon subdued, but the menses have only returned once or twice. The uterus has appeared to remain in a state of semi-congestion, and the cervix has gradually enlarged. This female remains delicate, although in very tolerable health, free from pain, and not suffering under any other morbid state.

Suppressed menstruation, either sudden or gradual, is not unfrequently followed, even when uterine inflammation is not developed, by serious general symptoms, obstinate vomiting, severe hysteria, and sometimes by the establishment in the economy of a supplementary hæmorrhage, to which the name of "vicarious menstruation" has been given. The mucous membrane of the nasal fossæ, of the lungs, stomach and bowels, are the most ordinary seat of this hæmorrhage, which takes place in some instances with the regularity of normal menstruation, and in others at irregular periods. All the other mucous membranes, as also the skin itself in various regions, have been the seat of vicarious menstruation. It has not unfrequently been observed from the surface of wounds or sores. Such being the case, it is evident that hæmorrhage occurring from any of these sources in a young female in whom the menses are suppressed, has not that importance which it would have under other circumstances. The hæmorrhage may be, and probably is, merely an effort of nature to establish a supplementary issue for the menstrual secretion which has not taken place.

Treatment.—The rules which should guide the practitioner in the treatment of amenorrhæa must be drawn from an attentive consideration of the causes by which it is occasioned, and must vary as they vary. In a general point of view, however, the indications are, 1st, to give tone to the economy if tone be deficient, and to remove general or local disease if such disease be present; 2ndly, to favor and promote, within reasonable and judicious limits, the menstrual functions. We will now briefly see these indications are best carried out in the various forms of amenorrhœa above described.

When the advent of the menstrual flux is retarded in well-developed young females, who evidently suffer, both generally and locally, from the delay, a little judicious management will often determine its appearance. The state of the health should first be carefully scrutinized, and any general or functional derangement remedied by proper treatment. If the patient is weak and delicate, the various preparations of iron, with a generous dietary, are often of great use. If, on the contrary, she is plethoric, and subject to headache and flushing of the face, a light diet, gentle exercise, and alterative or saline medicines are indicated. A young female suffering in this way is better at home, under the eye of a devoted and attentive mother, should she be fortunate enough to possess such a parent, than in a public school, where the rigid discipline usually enforced renders it difficult to pay that attention to her state which it requires. Under the influence of these general means, the menstrual function usually manifests itself, and becomes regularized in the course of a few months. Should they prove inefficient, slight periodical stimulation of the uterine system should be resorted to. The plan I most frequently adopt is, the application of large mustard poultices to the breasts and inner and upper parts of the thighs, alternately, night and morning, during five or six days, every four weeks. The mustard poultices should be allowed to remain on until the skin reddens and begins to feel painful, but not long enough to blister it, as that would prevent their being replaced the following day. The feet may also be put in hot water night and morning, for a few minutes, and if there is any pain in the hypogastric or ovarian regions, large warm linseed poultices sprinkled over with laudanum may not only afford relief, but also promote the menstrual excretion. When the symptoms of local congestion are very marked, the application to the vulva of a few leeches every month, or about the fifth day of the local treatment, may be of great assistance. The commencement of this local treatment should be made to coincide with the menstrual nixus, when it manifests itself periodically. When it does not, a certain date should be taken and adhered to at the interval stated—that is, every twenty-eight days. In such cases, the medicines known as emmenagogues, which exercise a special influence over the uterus, are scarcely, in my opinion, admissible, the object being to *gently* promote the natural function, and not to violently stimulate, and probably irritate, the uterine organs.

In amenorrhoea connected with deficient uterine and bodily development, the local treatment should be conducted on the same principles, only it generally requires to be carried out

more perseveringly and for a greater length of time. In addition to the means mentioned, I have also derived great benefit from electricity, the electric current being carried through the pelvis from the hypogastric to the sacro-lumbar region, for an hour night and morning, during the week that local means are resorted to. In these cases it is evident that the non-development of the body is often in a great measure the *result* of the dormant condition of the uterine organs, inasmuch as I have repeatedly succeeded in rousing them to action by the local treatment above detailed, when the most judicious and perseveringly general treatment had failed. In these cases I have invariably seen the bodily structures subsequently develop themselves with great rapidity. At the same time, the knowledge of this fact must not for a moment prevent our employing every possible means of invigorating the general health, of vitalizing economy, and of promoting the regular play of the various functions. After removing any morbid functional condition which a careful scrutiny may detect, recourse should be had to the mineral and vegetable tonics, and especially to ferruginous preparations, to which should be added a generous diet, moderate food, or horseback exercise, cold bathing or sponging, early hours for retiring and rising, and residence in the country, if possible.

When amenorrhœa can be traced to a debilitating disease, such as chlorosis, phthisis, scrofula, &c., the best treatment is the treatment of the disease to which it is referable. Thus, in chlorosis, the menstrual flux gradually diminishes, and may finally cease altogether under the influence of the progressive deterioration of the blood, without there being any uterine disease or any other uterine symptom than the scantiness and final disappearance of the secretion. As under appropriate general treatment the blood becomes healthy, menstruation returns or again becomes gradually more and more normal, without any local treatment being necessary in the immense majority of cases. The same may be said of scrofulous and other forms of constitutional debility. In pulmonary phthisis, the falling off and final disappearance of menstruation is a symptom of much more serious import, as it is generally connected with the more advanced stages of the disease, and with an amount of tubercular deposit, and of consequent marasmus, through defective nutrition, which renders the chance of a recovery very problematical.

Amenorrhœa from physical obstacles can only be remedied by surgical means. If the hymen is imperforate, or the lips of the vulva are adherent, and the menses have collected behind, a crucial incision in the centre of the bulging hymen, or

vulvar protuberance, is all that is required. Care, however, should be taken, once the menstrual fluid has been evacuated, that the divided surfaces do not unite and cicatrize. This is to be prevented by the use of small sponge or cotton tents for a few days, or by the application of the nitrate of silver to the edges of the incisions—a more painful but equally efficacious process. When the vagina is partially or wholly absent or closed, either congenital or by adhesion from accidental causes, the case is a much more serious one, and more difficult to remedy. If there is merely adhesion of the walls of the vagina, this adhesion can generally be removed by the dilatation of the vagina, coupled with the gradual and careful division of the adherent surfaces. When the vagina is partially or entirely absent, the symptoms produced by the retention and accumulation of the menses in the uterus may be sufficiently serious to render it imperative to attempt to form an artificial passage, by surgical means, to the distended uterus. In such cases the difficulty and risk of the operation depends on the distance that separates the vaginal cul-de-sac or the imperforate vulva from the uterus, the operator having to make his way between the rectum and the bladder. Considerable assistance in diagnosis is derived from a careful rectal examination. It is of great importance to find a vent for these uterine accumulations of menstrual fluid, as, in addition to the suffering endured, there is positive danger to life. Cases are on record in which the distention of the uterus extended to the Fallopian tubes, and in which death occurred from the peritonitis occasioned by their rupture.

Occlusion of the os uteri, as a congenital occurrence, is rare ; but since I first recommended the use of potassa cum calce as a last resource in obstinate inflammatory disease of the cervical canal, I have seen several cases in which its use has been followed by all but complete occlusion, and by partial retention of the menses, or at least their difficult excretion. This was evidently owing to the want of due caution at the time of application and during the period of healing afterwards. The tendency of the tissues thus treated to contract being very great, it should be counteracted, if necessary, by the occasional use of wax bougies, until the process of repair has been fully accomplished. The possibility of this accident occurring through the want of caution of the operator, does not in the least invalidate the utility of the remedy as an exceptional and ultimate one. I have generally, but not always, found this form of occlusion easy to remove by progressive dilatation. Should occlusion of the os uteri exist congenitally, once recognized it is easily remedied by a slight incision in the region of the os, and by subsequent dilatation.

When menstruation is accidentally arrested or prevented, by exposure to cold and wet, by illness, or by any other of the causes enumerated, the amenorrhœa is seldom of long duration. The condition in which it originated having ceased to obtain, the function generally rights itself, the only treatment usually required being that which is most calculated to restore the general health of the patient. In some cases it may also be necessary to resort to the local means already detailed, when menstruation appears to have a difficulty in re-establishing itself.

The catamenial function appears to be more especially liable to arrest from accidental temporary influences in those females who present the low degree of sexual vitality, to which allusion has been made in the first part of this paper. and with whom menstruation appears late and with difficulty. In such constitutions, indeed, it sometimes stops for many months, or even permanently, if no treatment be resorted to, without any apparent cause. Under the influence of decided general and local treatment, the menses will often return for a time, but flag and cease as soon as the treatment is suspended. If there is no positive disease of the uterus or ovaries, the emmenagogues, such as ergot of rose, savine, &c., may be cautiously tried. I have known also the married state, especially if followed by conception, produce a complete change in the functional activity of the uterine system, and menstruation become regular and natural. It is in these cases that the application of the nitrate of silver to the cavity of the uterus, or the scarification of its mucous surfaces, has been proposed. I must confess, however, that I do not think we are warranted in thus interfering with so delicate and sensitive a region of the uterus for such a purpose. In the unmarried female the application of leeches to the vulva, and in the married to the neck of the uterus, answers every purpose, without being open to the same objection.

The development of inflammatory disease in the neck or body of the uterus, or in the ovaries, and of cystic and scrofulous tumors in the ovaries, is one of the most frequent causes of amenorrhœa in those in whom the function has once been fairly established, and especially of partial amenorrhœa. When such lesions exist, they generally give rise to other symptoms which an attentive and well informed observer may easily recognize. This remark, however, applies more to the uterine than to the ovaries, for important morbid changes are not unfrequently found after death in the latter organs, which, during life, have given little other evidence of their existence than the modification or arrest of the catamenial functions.

In all these cases, the amenorrhœa is merely a symptom of the ovarian or uterine disease. The latter is the condition to be treated, the only indication the amenorrhœa itself supplies being the advisability of having recourse to such local means as are calculated to promote menstruation, whenever nature appears to be making the least effort to establish the menstrual flux.

In vicarious menstruation, our first effort ought to be directed to the restoration of the integrity of the uterine organs, if it be impaired. We should then, by all the means enumerated, attempt to divert the molimen hæmorrhagicum of menstruation from its abnormal to its normal seat. The most important of these means is the abstraction of blood from the vulva or cervix uteri, which should be resorted to every month, a day or two before the vicarious menstruation is expected, and may be treated after it has begun, should the strength of the patient admit of such a step. By this treatment the menstrual nîsus may be diverted into its natural channel; whereas any attempt to stop the morbid hæmorrhage, by means applied directly to the organ from which it takes place, might be productive of mischief to the system at large.

[*London Lancet.*

On the Treatment of Gonorrhœa.

BY P. NIDDRIE, M. D., F. R. C. P., EDIN.

The *Lancet* of a recent date contains a report of a discussion at the Medical Society, on gonorrhœa, in which a speaker said "he questioned how far the cures in cases of gonorrhœa were due to remedies. Time alone would cure." As this seems to be the view of more than one member of the profession, I shall shortly state what I have found to be a safe and effectual mode of treatment, if strictly followed. In common with most men of some standing in the profession, I have had considerable experience in the treatment of gonorrhœa, and I have arrived at the conviction that, in a vast majority of cases, the disease may be safely and effectually cured, generally in three days, and almost always within a week. During the first day, a saline purge, such as a Seidlitz powder, with half an ounce of sulphate of magnesia, is to be given; recumbent rest enjoined; weak linseed tea, with a little nitrate or bitartrate of potash, used as a common drink; and ordinarily pure cold water used as an injection twice in every half hour. During the second day, the same drink to be

used, and quiet observed, but a solution of sulphate of zinc, two grains to the ounce, is to be substituted for the cold water, and used twice every half hour during the day. On the third day the irritation and discharge will probably have gone, and it will not be necessary to enforce rest so strictly, but the drink and injection must be used as on the preceding days. These remedies are commonly in use, but their efficacy depends on the mode in which they are applied; and if this method is strictly followed, few unsuccessful cases will occur.

Doubtless there are cases protracted for weeks or even months, but such patients fancy it is too irksome to lie down all day, and it is too much bother to use the injections so often, and they expect to be cured without trouble or restraint. Indeed, there is always difficulty to get patients to use the injection so frequently and perseveringly as is necessary, but on this the success of the treatment mainly depends. It occasionally happens, that on the second day the swelling of the urethral membrane, its irritation, and its discharge, are not sufficiently allayed, and it is necessary to continue the cold water injection till the third day. More frequently it is necessary to use the sulphate of zinc solution longer than two days, for it must be used at least a day after the discharge has stopped; but it will rarely happen that the whole period of treatment extends to a week.

Whether or not gonorrhoea is a specific disease, there unquestionably exist in it redness, swelling, heat and pain—that is, inflammation, terminating in suppuration; and the antiphlogistic means indicated seem to me a rational treatment of such a state of parts. But if the inflammatory action only be subdued, disordered action continues in the form of gleet, and it becomes necessary to change the action of the mucous membrane by a slightly stimulating injection of sulphate of zinc. Those of the profession who think the above treatment worth a trial, will perhaps state the result through the medium of *The Lancet*.—*London Lancet*.

THE
STETHOSCOPE,
AND
VIRGINIA MEDICAL GAZETTE.

VOL. II.

RICHMOND, VA., SEPTEMBER 1852.

NO. IX.

**Report of the Committee on the Indigenous Medicinal
Botany of Virginia.**

(Presented to the Medical Society of Virginia, at its annual meeting for 1852.)

BY GEO. F. TERRILL, M. D., OF CAROLINE.

To avoid prolixity, many of the indigenous medicinal plants of our state, which are fully treated of in the standard works on materia medica, are either omitted or but slightly noticed in this report, while those which seemed possessed of interest, from their range of use, being more extended of late, or which have not yet been made known to the profession, except in limited regions, will form its principal part.

Several articles are here omitted, for the want of suitable opportunities to investigate them, notice of our appointment being received too late in the past season to ascertain their precise species.

The articles noticed all belong to the first grand division of the vegetable kingdom—the phænogamous or flowering plants; and as to locality, they belong principally to the Tidewater region of our state.

Asclepias tuberosa (butterfly weed) abounds in our sandy fields. We consider the root of this plant possessed of great diaphoretic and expectorant powers, and not liable to irritate the stomach. Our experience in its use is considerable. In catarrhal fever, pneumonia and pleurisy, we have used it, with much satisfaction, as an adjuvant to other means. We prepare an infusion with ʒ i to O i of boiling water, and direct it to be drunk in the place of water. For infants, half the

above strength is directed. We have not found it to be purgative, but it is said to possess that power.

Acer rubrum, (red maple.) The inner bark of this tree is used, in the form of infusion in domestic practice, in conjunctivitis, and several cases have of late been related in its favor. We have no experience in its use. We have not noticed this article in the works on materia medica.

Ascyrum stans, (upright St. Peter's wort.)

Ascyrum crux Andræ, (St. Andrew's cross.)

These plants are aromatic, stimulant, and possessed of a strong essential oil. The saturated tincture of these plants, made with diluted alcohol, and drank in doses of $\text{f} \frac{3}{4}$ three or four times in six or eight hours previous to the time of an expected ague, is said to arrest it. We hear of several cases of its successful use, but have not tried it. We are not certain how far the result may have been due to the alcohol. We, however, consider these plants possessed of highly active properties.

Benzoin odoriferum, (spice bush.) This is the laurus benzoin of older botanists. It is possessed of an aromatic and stimulating volatile oil. It is used as a stomachic and anti-emetic, and is considered highly tonic. It was formerly used by matrons as a preventive of croup, but at present is but little used for that purpose. The bark of the stem and twigs is the part used in the form of infusion or decoction. It is sometimes used as a vermifuge, and to arrest agues. The berries were said to be substituted, during the Revolutionary war, for allspice.

Carya alba, (shell bark or shag bark hickory.)

Carya tormentosa, (nocker wood, white heart hickory.)

These and other species of carya are noted as being possessed of a large per centage of potassa, with fruit containing a drying oil. The lixivium or ley from the ashes of these trees is used in the form of a cataplasm mixed with bran, and applied to punctured wounds to relieve pain and prevent tetanus. From the evidences in favor of this application, we think favorably of its use. It is said to give prompt relief. We hear, on good authority, of a case of traumatic tetanus treated with a ley bath successfully. This is but one case; but even this, in so formidable a disease, needs be treasured in our recollection.

The ashes of these trees are often wetted and applied to the chest and throat in catarrhal and croupy affections, in domestic practice, and, we have reason to believe, with much profit. Neatness, with many, makes an objection to its use. Other rubefacients, perhaps, would answer as well. Potash, most likely, is the active principle of these articles.

Ceanothus Americanus, (New Jersey tea, red root.) This is the red shank of Virginians, and abounds in sandy woods. We have seen an infusion of the bark of the root (3 i to O i of boiling water) used with great profit in aphthous affections of children, and in one case a cure seemed to be effected by it, where other remedies had failed. With it in aphtha, our experience is confirmatory of the statement of Dr. Hubbard of Massachusetts. We hear, on good authority, of two cases of cure of chronic rheumatism following the use of a decoction of the root of this plant, without the aid of other means. We recommend this article to the favorable notice of the profession.

Cornus florula (flowering dogwood) was formerly much used in intermittent fever, but since the introduction of sulph. quinine, it has been for the most part laid aside. It is an astringent and stimulating tonic.

Dioscorea villosa, (yam root.) This is the China root of many parts of the South, perhaps from its supposed identity with the smilax sarsaparilla of China. It is a slender vine, with alternate leaves, and is to be distinguished from the d. quaternala, which Prof. Gray includes under the same name. For medical properties, see vernonia fasciculata. We have seen no published account of the medical properties of this plant.

Ambrina anthelmintica, (worm seed.) This is the chenopodium anthelminticum of the older botanists—a well known vermifuge. The bruised plant is frequently used in domestic practice as an application to sprains and bruises, and is said to be gently rubefacient.

Erechtites hieracifolia, (fire weed.) This is the senecio hieracifolia of older botanists. It is known through the South by the name of butter weed, and it delights in freshly cleared lands and in soils filled with decaying vegetable matter. A decoction of the plant is used, in some parts of the South, in diseases of the lungs. We are not acquainted with its real merits.

Aletris furinosa (star grass) is abundant in some sections of our state, but in many parts is not to be found. For medical properties, see vernonia fasciculata.

Ambrosia artemisiaefolia (Roman wormwood, rag weed, bitter weed, hog weed) is abundant over our whole state. We hear of its being used as an emetic by the common people, but consider it better suited for the uses of cattle than either physic for man or food for the gods, (ambrosia.)

Abies canadensis (hemlock spruce) is scarce in our state; found in cold, cliffy exposures. The concrete juice, or turpen-

tine, is the *pix canadensis* of U. S. P., and is much used in the Northern U. States as a plaster in chronic rheumatic pains and other affections, as a substitute for Burgundy pitch. We do not hear of its use to much extent in our state, perhaps from the scarcity of the trees. This tree is the juniper of many of the common people of our state.

Juglans nigra, (black walnut.) The inner bark of the root is sometimes used as a rubefacient, and is said to produce blisters, if allowed to remain long applied. It is not much used in medicine. The fruit contains a drying oil. A species of this genus was much used by M. Negrier of France in scrofula. The inner bark of the root of *juglans nigra* is sometimes applied in form of powder to aching teeth.

Juniperus Virginiana, (red cedar.) The twigs and berries are stimulating and diuretic, but from their unpleasant effects on the stomach, are not much used inwardly. They abound in a volatile oil, which is said to answer as a substitute for the oil of savine. (Gray.) Externally it is sometimes used as a rubefacient, and a strong decoction of the leaves and twigs might be profitably used as a hip bath in amenorrhœa. The excrescences (cedar apples) are said to be anthelmintic. No part of the tree seems to be much used at present in medicine.

Lappa major, (common burdock,) formerly *arctium lappa*. Besides the gouty, rheumatic, scorbutic, venereal, scrofulous, leprous, and nephritic affections in which the decoction of the root have long been used, the leaves are sometimes used in infusion in dyspepsia and atonic conditions of the stomach.

Liquidambar styraciflua, (sweet gum.) This tree, in warm latitudes, yields the liquidambar, or copalm balsam of commerce; but at the North that substance is not afforded. This balsamic juice may be used for the same purposes as storax. It is strictly a balsam, benzoic acid being found among its constituents. The decoction of the inner bark of this tree is beginning to be used very extensively in diarrhœa, over which disease it certainly exercises a great control, and seems to possess no tendency to produce febrile excitement. During the past summer we used it in numerous cases of this disease, as it ordinarily occurs in warm weather; and in diarrhœa attendant upon the advanced stages of long continued fevers, we have also used this decoction with satisfaction. \mathfrak{z} i of the bark is added to O jss water and boiled to O j. Dose \mathfrak{z} or 4 tablespoonfuls every 3 hours. We recommend this article to the favorable notice of Southern practitioners. It may not be so active at the North, from the absence or deficiency of the liquidambar.

Magnolia glauca. In some parts of the Union this tree is called simply magnolia; in others, white bay or sweet bay; and in others again, swamp sassafras, and beaver tree; and not unfrequently, small magnolia, and laurel magnolia. In Virginia it is best known by the name of laurel, or swamp laurel, and bay tree. We here have an argument against the opposing popular prejudice to scientific names, for many of these names belong to other species and genera. This is an evergreen at the South, but at the North its leaves are deciduous. In domestic practice the bark and fruit of this tree enter as ingredients into the variously compounded tinctures and decoctions used in chronic rheumatism and intermittent fever. They are tonic, aromatic, stimulant and diaphoretic. In regular practice they seem to have declined in use.

Another species, the *magnolia acuminata*, is found in the western part of our state, and is called the cucumber tree, the bark of which enters into a pectoral polypharmic fixing, said to be used with profit in the Western states in phthisis; but from a few trials we have seen made with it, consider it not worth detailing here. We have not seen this last named tree east of the Blue Ridge.

Magnolia umbrella, (umbrella tree.) This inhabits the western parts of our state, and is used for the same purpose as the other two species just mentioned.

Malva rotundifolia (low mallows, dwarf mallows) is sometimes used as a demulcent in the place of the *m. sylvestris* of Europe; and during the past summer an infusion of the leaves was used in numerous cases as a drink in long continued fevers, and from the favorable termination of most of the cases, we thought well of its use, but could not be certain how far it was effectual. Popular opinion in some neighborhoods is much in its favor.

Menespermum canadense (moon seed) is a very general growth on most of the large streams in our state. The root is the part used in medicine, and contains gallic acid in abundance, and resinous matter in small quantity. This is the native wild or indigenous sarsaparilla of many parts of Virginia and other Southern states, and has been prescribed for some years by some physicians under the belief that it was a species of smilax. Many, who have not taken the trouble to examine and compare, are still of the opinion that it is identical with, or closely analogous to, some of the imported varieties of sarsaparilla from the torrid zone. The root is used in decoction to considerable extent in some parts of our state, as a remedy in scrofula and intermittent fevers; and several cases of cure in each of these diseases are said to have been effected by this

remedy alone. Its chief use, however, is in connection with other articles. See *Vernonia Fasciculata*.

Monarda punctata, (horse mint.) Besides the uses laid down in books on materia medica, we hear of an infusion of this plant being used in diarrhoea and dysentery with success. We have no experience in the use of it.

Pinus rigida, (pitch pine.)

Pinus Jerses, (Jersey or shrub pine.)

The inner bark of these and other species of this genus is much used in domestic practice as an astringent in infantile diarrhoea. It is usually boiled with milk, (℥ ss to O j,) and is an astringent of considerable efficacy. We have used the turpentine from these trees, made into plasters, as a substitute for Burgundy pitch in chronic rheumatic pains, &c. and consider it equally as valuable. The Burgundy pitch is obtained from different species of the same genus. In enteric or typhoid fever, when the condition of the system seemed to call for the use of the oil of turpentine, and from irritability of the stomach we were debarred from its use, we have sometimes used a plaster of turpentine over the abdomen, with the view of reaching the ulcerated intestinal glands by the absorption of the oil contained in the plaster. We have seen profit to follow the use of turpentine when febrile excitement was not high, but in other cases it seemed to do no good. We have used frequent frictions with the oil for the same purpose.

Potentilla canadensis, (five finger,) is an astringent, and is sometimes used in diarrhoea. It enters as an ingredient into some of the variously compounded country preparations for intermittent fever, over which disease it doubtless has some control, used *per se*. It likely possesses all the virtues attributed to the potentilla reptans of Europe.

Polygonatum pubescens, (Solomon's seal.) Several species of this genus are found in our state, and are used indiscriminately in bruises and some cutaneous diseases, but their use at present is very limited. Gerard, an ancient botanist, tells us that "the root of Solomon's seal stamped while it is fresh and green, and applied, taketh away in one night, or two at most, any bruise, black or blue spots gotten by woman's willfulness in stumbling upon their hasty husbands' fists, or such like." We believe the remedy is just as good as in the days of Gerard; but the greater gallantry of the one sex, or the discreeter movements of the other, has put it out of our power to say much on its use in this way.

Vernonia fasciculata (iron weed) abounds in wet places in most parts of our state. The root is a premorse caudex, hence the common, though incorrect name with many (Devil's

Bit.) From the perennial caudex shoot numerous fleshy, worm-like radicles, which constitute the medicinal portion. We have not known this article used, unassociated with other remedies, but is much employed in connection with the *dioscorea villosa* and *menespermum canadense* in some parts of our state, according to the following formula: R: *Dioscorea villosa* rad. cont; *vernonia fasciculata* cont; *menespermum canadense*, aa 3j; aquæ cong j. Put the whole into a jug, cork tightly, and keep the whole in boiling water for one hour, then remove and keep the preparation in a cool place. Dose for an adult f3 ii three times per day. The boiling is continued by some for 3 hours, and by others to 8, but this extension is now considered unnecessary. The simple decoction of these roots is sometimes used in the place of the above preparation, but is thought inferior, from the belief that some of the active principles of the roots are volatile.

The disease in which these articles are most used is scrofulous inflammation of the absorbant glands, and in this disease, not complicated with coexisting tubercular degeneration, they are relied upon for cure by the advocates of their use, to the exclusion of all other medicaments, save an aperient or astringent, as occasion may require.

It would seem, from enquiry, that these plants were in use in our state, nearly a century ago, among some of the practitioners of medicine, who, it seems, used the above preparation, under the belief that it was identical with, or analogous to, the celebrated Lisbon diet drink of ancient times.

We have heard of several individuals, who acquired quite a reputation in the treatment of scrofula with these remedies, and who made but little pretensions to the healing art in diseases generally.

One of the first among regular physicians to adopt the use of these remedies in this disease, was Dr. T. B. Anderson of Caroline, and his experience in their use is considerable. From recent enquiry we learn that originally the *aletris farinosa* was used in connection with the above-named articles in equal quantity; and Dr. A. informs us that he had generally directed it, but by most of the advocates of the preparation above, this article is omitted, perhaps, from the inconvenience of procuring it, in many localities. Dr. A. made mention of some twenty cases, in which he had used these articles with success, and he seems decidedly inclined in favor of their use.

Dr. A. Flippo of Caroline and Dr. E. L. Nelson of Hanover speak favorably of the use of these remedies.

By one of this committee the preparation above given has been used for seven years past in scrofula, during which time

about eight cases were treated successfully with it, without the aid of other remedies. It is proper to observe that these cases were not attended with much febrile excitement, and seemed not likely to go a hurried course without the aid of any remedy. Most of them, however, were attended with suppuration and copious discharge of pus. During the winter just past, three cases of this disease were treated by him with these remedies in connection with iodide of iron, &c. These cases occurred as sequelæ to fevers of a severe grade, and came on just as these fevers were disappearing. One of these cases terminated fatally, and the other two were extremely severe. From his use of this preparation, he is disposed to consider it valuable.

We consider this preparation as a gentle excitant of the digestive function, and that it is tonic in its action. When habitually used, it is said to be prophylactic against intermittent fever, and is sometimes used in malarious districts to arrest that disease. We might detail many cases, in which this preparation was used with success, but consider this would be more tedious than profitable. While we consider it a good remedy in scrofula, we are not willing, without farther trial, to assign it superiority of place over the standard remedies in that disease. We recommend it to the favorable notice of the profession.

Zea mays, (Indian corn, maize.) This monoecious, panicaceous grass is universally cultivated throughout the United States, and is the source of one of our chief articles of food. The dried leaves (blades) have recently been used in medicine, and seem to be fast gaining a reputation in the treatment of intermittent fever, among physicians, as well as in domestic practice. From the highly respectable evidences in its favor, we do not doubt in the least of its powers. Dr. Howard of Hanover county, states he has used this article in numerous cases of simple ague, and finds it is capable of arresting the attacks. He uses a saturated decoction of the nicely cured leaves, and directs from one pint to a pint and a half to be drank by an adult during the intermission, and has seldom found it necessary to continue its use longer than one or two days to arrest the ague. In cases of this disease, however complicated with dangerous disturbances of vital organs, he has not trusted to this remedy.

In a case of simple ague, in which this remedy was prescribed by Dr. A. G. Terrell of Caroline, copious diaphoresis and purgation followed its use, as he was informed by the patient, without return of the chills.

We invite the attention of the profession to this article, and

hope that those who are favorably situated to try its virtues will report at length upon its uses. And we hope to see some good analytic chemist appointed by our society to ascertain whether some proximate principle does not exist in this article, on which its virtues may depend.

If found to answer all the purposes of the salts of quinia, this plant, from its cheapness, will prove to be of immense value to our country as a source of physic as well as of food.

Rhus venenata (poison sumach) is scarcely used at all in medicine, but is deserving of notice, from the troublesome eruptive disease it produces on some individuals. It is called by various names by the country people, and is sometimes mistaken for the *r. glabra*, which it very much resembles at a certain stage of its growth. An interesting case of this sort occurred with an old lady not far distant from this city. She had been advised to apply a poultice, made from the root of this tree, to a painful tumour on one of her limbs. After toiling over the steam arising from the preparing of her poultice, she succeeding in getting it fixed to her mind, and it was quickly applied. The results that followed were alarming in the extreme, and it was with much ado that her life could be saved. She remembered, long after, that what is simple is not always innocent, and she seemed decidedly of the opinion that pepper and plant practitioners had as well surrender their calling, and we hear that none of that tribe maintain a foothold for many miles around her dwelling.

As a preventive and cure of the effects of this article, we recommend the aqua phagedenica as a local application, and plaster of opium. We have also seen the brackish decoction of *gnaphalium polycephalum* used with great success.

Sanguinaria canadensis, (blood root.) Besides its use as an emetic, this plant is sometimes used as a local application in the first state to ringworm and tetter, but we have no experience in its uses in these affections. It is recommended by Dr. R. G. Gennings, in the form of gargle, made by steeping the fresh root in vinegar as a local application to the sore throat and scarlatina.

The following natives of our state need no detailed account, They are treated of in the standard works on materia medica :

PURGATIVES.

Cassia marilandica, (wild senna.)

Podophyllum peltatum, (May apple.)

Sambucus canadensis, (common elder ;) also diaphoretic and diuretic.

Melia azedarach, (pride of India, pride of China.)

ASTRINGENTS.

Rubus canadensis—formerly *rubus trivialis*, (dewberry.)

Rubus villosus, (tall blackberry.)

Heuchera Americana, (alum root.)

Eupatorium purpureum, (gravel root;) also diuretic. A case of chronic diarrhoea reported as cured by this article when many other remedies had failed.

Prunella vulgaris, (self-heal, heal all.) Used in hemorrhages; very common in Eastern Virginia.

Quercus alba, (white oak.)

Quercus tinctoria, (black oak.) Twelve or fifteen other species.

Gentiana saponaria, (soapwort, gentian.) Used by common people.

TONICS.

Achillea millefolium, (milfoil yarrow;) also anti-spasmodic.

Geranium musculatum, (crane bill.)

Eupatorium perfoliatum, (boneset.) Emetic and diaphoretic when used as warm tea.

Eupatorium ovatum is the *eupatorium pubescens* of Gray—(not much used.)

Taraxicum dens leonis, (common dandelion.)

Cerasus Virginiana—formerly *prunus Virginiana*, (wild cherry.) A much used pectoral.

Liriodendron tulipifera, (tulip tree.)

Nabalus fraseri, (lion's foot.) Intensely bitter.

Nabalus integrifolius, (gall of the earth.)

Thuja occidentalis, (abor vitæ;) also vermifuge and an ingredient in a prophylactic soap used in venereal diseases.

EMETICS.

Lobelia inflata, (Indian tobacco;) also antispasmodic—used with profit in asthma.

Gillenia trifoliata, (Indian physic;) tonic in small doses.

Phytolacca decandria, (common poke;) poisonous in large doses.

STIMULANTS.

Arum triphyllum, (dragon root, Indian turnip, wake robin;) when fresh, a painful irritant to the mucous membrane.

Sassafras officinalis—formerly *laurus sassafras*, (common sassafras;) leaves and pith mucilaginous unguent from the berries used in mammary abscess.

Chimaphila umbellata, (pipsissewa, prince's pine.)

Chimaphila maculata, (spotted wintergreen ;) called ground ivy in many parts of Virginia.

DIURETICS AND DIAPHORETICS.

Aristolochia serpentaria, (Virginia snakeroot ;) also tonic.

Eregeron canadense, (horse weed, rotten weed, fleabane ;) very abundant in the eastern part of the state.

Hypericum perforatum, (St. John's wort.)

NARCOTICS.

Datura stramonium, (thorn apple or Jamestown weed.)

Datura tatula, (properties same.)

Cicuta maculata, (spotted cowbane, mushguash root, water hemlock.)

These narcotics used in the form of poultices to painful tumors. The ointment of stramonium used in place of belladonna to dilate the pupil of the eye.

Spigelia marilandica, (pink root, worm grass;) a good vermifuge.

AROMATICS.

Hedeoma pulegioides, (American pennyroyal;) a common emmenagogue.

Gnaphalium polycephalum, (common life everlasting,) used as an antidote and cure for the eruption caused by rhus radicans, used in brackish decoction.

REFRIGERANTS.

Oxalis stricta, (common wood sorrel.)

Oxalis violacea, (violet wood sorrel.)

Rumex acetocella, (field sorrel.)

These contain the binoxalate of potassa, which is the salt of sorrel of commerce, and the principal ingredient in the essential salt of lemon.

Plantago major, (common plantain.)

Plantago lanceolata, (lance leaved plantain or ribwort.)

Rhus galbra, (smooth sumach ;) berries acid—not often used.

IRRITANTS.

Rhus venenata, (poison sumach,) too strong for medical purposes—not much used.

Rhus toxicodendron, (poison oak.)

Rhus radicans, (poison ivy.)

The two last used with profit in paralysis; in large doses, emetic and purgative.

DEMULCENTS.

Ulmus fulva, (slippery elm.)
Opuntia vulgaris, (prickly pear.)

Respectfully submitted.

GEO. F. TERRILL, *Ch'n.*
 W. J. CLARK,
 J. ALONZO SMITH,
 THOS. A. COX,
 P. M. WATSON,
Committee.

Sulphate of Quinia—Its Therapeutic Action.

BY R. L. MADISON, M. D., PETERSBURG, VA.

Mr. Editor—The formidable opposition which the leading article, in the January number of your Journal, has met with, compels its author, against his inclination, again to solicit the attention of the profession, and to vindicate the views advanced in that article before the tribunal of reason and of experience. He regrets the necessity—not that his confidence in the strength of his position is in the slightest degree shaken—but because of his aversion to abstract discussions, which, while they well enough subserve the purposes of the metaphysician, rarely, if ever, facilitate the advancement of science or the elucidation of truth. While it was clearly and unmistakably the object of the paper above mentioned to point out what the author considered the correct and legitimate channel within which the administration of the sulphate of quinia should be restricted, it shall be the object of the present one to prove that the author's views have been strangely misrepresented, and that the conclusions of his numerous and distinguished opponents must necessarily fall to the ground, because the premises upon which they are based are fallacious! Dr. Scott, for whom I entertain the highest respect, honors me with a dissection of my cases, the minuteness of which would do him credit as an anatomist; but I am sorry to add, that his skill as a demonstrator is decidedly questionable. He lays down premises essentially at variance with my own, and affects to be surprised that there should be no resemblance in our conclusions. This is a new species of logic, for the invention of which Dr. S. may claim the sole and undisputed title!

He quotes me as saying that the legitimate sphere of action of the sulphate of quinia is in the treatment of intermittent

diseases—all of which require remedies *excitant* in their character. Now I assert that there is not a word in my paper to justify such a conclusion. That the sulphate of quinia approaches nearer the character of an antidote to periodic disease than any other remedy, no one, who has had any experience with it, will deny, but that this class of affections require *excitant* remedies, is an entirely gratuitous supposition on the part of Dr. S. In his eager desire to prove that quinine is a sedative, he has entirely overlooked its true “modus agendi;” and, because it acts promptly in arresting disease, he hastily concludes that its action can be none other than that of sedation.

In his review of my first case, which was one of “inflammatory rheumatism” dependent upon *malaria*, and which was cured by quinine, he triumphantly asks, “What symptom is there in this case which calls for an *excitant* remedy? What reason can be alleged for such practice? What would you *excite*? Not the vascular system, for the pulse is already 112 a minute—not the nervous system, for the patient is suffering intense agony. What are the indications? I would answer, To calm the nervous exaltation which exists, and thus alleviate pain; to control the heart’s action, and thus diminish the quantity of blood sent to the part, relieving the tension of the part and its state of vascular congestion, thus favoring the resolution of the inflammation. The exhibition of quinine was followed by these results: the pain was allayed, and the pulse fell to 80 beats per minute. So far, then, as this case goes, I am, I think, justified in saying that its action is sedative.”

Now I beg leave respectfully to differ with Dr. S., and to say that his conclusion is entirely illogical, and unwarranted by the facts of the case. If he will do me the honor again to refer to my article, he will understand, that whilst the severity of the inflammation continued unabated, I treated it actively and anti-phlogistically, and that the sulphate of quinia was not administered until there was a decided and well marked remission. When the quinine was exhibited, the pulse was 100, soft and compressible, and the pain very slight, so that his statement that the pulse was 112 and the pain agonizing, is incorrect. But, Mr. Editor, he asks, Why give an *excitant* medicine? I answer, that I gave quinine as an anti-intermittent—I gave it in spite of its excitant properties: and to counteract and neutralize these very properties, I combined with it a powerful sedative, so that, whilst its power of excitation was controlled and kept in abeyance, its *anti-periodic* virtues, being left to act free and untrammelled, exerted their salutary and sanative influence. Dr. S. seems to have forgotten that

there is such a thing as curing a disease by removing its cause! In answer to his question, "What were the indications?" I reply, that they were *not* "to calm the nervous exaltation," because none existed—*not* "to control the heart's action," because there was no necessity! But the clear, indubitable, *reasonable* indication was, to arrest the progress of morbid action going on in the system, and, by exciting another and a different impression, to eradicate the disease! This was done: the sulphate of quinia was administered as an *anti-periodic*, and a cure was the result.

Again—in his review of my second case, which was one of periodical retention arising from unknown causes, Dr. S. does me injustice, in first *hypothetically* assuming the cause of the retention to be nervous exaltation, and then condemning me for exhibiting an excitant! He seems determined not to understand that quinine was given, in this case also, to correct periodicity, and that digitalis was purposely combined with it to prevent that excitement which invariably follows when it is used alone.

In regard to the third case, which I had the honor to submit, Dr. S. avails himself of a well established medical prerogative, and questions the accuracy of my diagnosis; but whether the case referred to consisted in simple inflammation, or in that mysterious combination of symptoms, which for want of a better name, we designate *neuralgia*, I leave for the readers of your Journal to decide. Certainly there was no indication for an excitant remedy; neither was there a necessity for a sedative, in the common acceptance of the term, because it would have only been followed by a temporary relief; but there was an unmistakable indication for an *anti-periodic*; and as such I gave quinine, divested of its excitant properties, the result proving the rationality of the treatment. In his critique upon my fourth case, such is the anxiety of Dr. S. to prove the correctness of his own views, that he only quotes a part of the symptoms, and passes over as unworthy of notice the *only fact* upon which the true indication for treatment was based. This case being one of dysentery, he correctly states that there was "rise of fever every night—great tormina and tenesmus, with spasm of the rectum;" but he forgets to add, what was most important, and what was most essential to be known, "that all of these symptoms entirely subsided during the day!"—thus proving a perfect intermission on the part of the disease; and inasmuch as the season of the year was that in which malarious diseases are most rife—and further, since the disease itself could not be traced to errors in diet—was it not a rational

inference that the disease was dependent upon malaria as a primary and exciting cause, and was I not justified in supposing that the correct indication for treatment consisted in the removal of this cause? Acting in accordance with this supposition, I gave quinine during the complete *intermission*, which had the desired effect of arresting the periodical return of the disease. Again—Was camphor and digitalis combined with quinine to prevent the manifestation of excitement.

The whole of this discussion has originated in an error on the part of Dr. S. in supposing that I considered “excitement of the nervous and vascular systems” as the only “modus agendi” of quinine, and that the beneficial results, consequent upon its administration, were attributable to this action! That such is *not* my opinion, the very combination, which I am in the habit of prescribing, conclusively proves; indeed I consider it as the greatest evil attending its use, and therefore I do not consider myself justified in giving it uncombined.

But as an experimental test, I have recently, in the treatment of intermittent fever, exhibited quinine alone, in doses of from twelve to twenty grains, and in each instance considerable excitement ensued, evinced by increased rapidity of the circulation, nervous jactitation, roaring in the ears, with temporary deafness; and in one instance delirium, of some violence and of five or six hours duration, resulted from this *sedative* dose of quinine.

Now, when we are the fortunate possessors of a medicine, with a world-wide reputation as an anti-periodic, does it not look like a sacrilegious waste, and an empirical tampering with its valuable properties, to attempt to pervert it to other uses than those sanctioned by the approval of long experience?

Again—Dr. S. asks, Why I do not treat intermittent disease with brandy? I answer, that I would do so, if I had not quinine, because it is capable of arresting periodicity temporarily, by virtue of its bracing effects upon the nervous system, enabling it to resist the depressing influences of the ague poison.

Dr. Alexander Robertson, in a paper recently read before the “Edinburg Physiological Society,” holds the following language: “The action of this drug (quinine) on the nervous system has been mentioned in a prominent manner by all who have made its physiological effects the subject of experiment, and that there was reason to think that its action on the vascular and digestive systems might be, as in the case of alcoholic stimulants, secondary to the functional changes in the nervous system. The main difference between quinine and alcoholic stimulants, in their effects on the nervous system,

was, that while both produced, in *large doses*, a species of intoxication, accompanied by vascular excitement, and often by vomiting, &c., the effects of quinine were much more gradually developed, and likewise more prolonged than those of alcohol. This analogy of action was likewise to be traced in the effects of these therapeutic agents in intermittent fever, the paroxysms of which could often be arrested by large doses of alcoholic stimulants, not less effectively than by quinine. He ascribes no specific influence to quinine neutralizing malarious poison, but considers it simply as a permanent and powerful *stimulant* of the nervous system."

I noticed, in the March and April Nos. of your Journal, two articles, one from the pen of Dr. Manson of North Carolina, and the other from Dr. Webb of St. Louis, both professing to advocate the sedative theory of quinine. As they argue the question abstractly, and avoid their personal experience, I deem it unnecessary to burden your valuable pages with a refutation of their arguments—not that the task would be a difficult one, but because it would be uninteresting to the profession, and quite as unprofitable. I would remark, however, in this connection, that there seems to be a slight discrepancy between the statements of Dr. M. and Dr. W. in regard to the exhibition of large doses of quinine at the South; Dr. M. declaring, "that the practice of giving enormous doses of this medicine is but rarely heard of." On the contrary, Dr. W. considers "this mode of administering quinine as one of the greatest improvements in practical medicine of which the age can boast, and second only to vaccination in relieving the sufferings of the human race," and expressly states "that it is *very fashionable* at the South." *Quien sabe.* I am perfectly willing to admit that quinine in large doses *appears* to act *sedatively*, by virtue of its anti-periodic properties; because, when given during the intermission or remission of a fever, it snaps asunder the chain of morbid action going on in the system; and although it produces excitement, yet the excitement is of short duration, which, when it passes away, enables nature, no longer fettered by disease, calmly and quietly to resume the healthful performance of all her functions.

And now, Mr. Editor, I have done with the abstract discussion of this subject. If the eminent advocates of the "primarily" sedative theory of quinine will but condescend to abandon the field of hypothesis and theory, and publish to the world their *own personal experience* on this subject, they will ever find me ready for a fair and full discussion of the merits of the question. And if at any time I shall be convinced that the ideas which I now entertain are erroneous, no one

shall be more prompt in acknowledging the conviction, or more eager to erase impressions which my present opinions may have created.

Petersburg, August 1852.

Report of a Case of Deligation of the Ulnar Artery for Aneurism.

Mr. Editor—If the smallest mote that rides upon the sun-beam, or the pearly drop of morning dew, as it kisses the modest violet, can impart a lesson of instruction to the mind in search of knowledge, it surely cannot be despised by the child of science to have one votive wreath laid upon the altar of his love, however humble the offering may be, when it evinces a desire to build up that character, of which Cicero declares, "Nothing brings men nearer to the gods, than by giving health to their fellow creatures."

It is by this desire to contribute one mite to the records of our art, that I am induced to lay the following case before your readers :

Master Wm. C**, aet. 11 years, was accidentally stabbed, May 11th, by a narrow-bladed pocket knife, in the anterior region of the left forearm $1\frac{1}{2}$ inches above the pisiforme bone. The accident was regarded as a trifling one, though red blood flowed in jets to the amount of 3 or 4 ounces. This was arrested by the dressings for an ordinary wound, and the external orifice rapidly healed.

The following week, however, a circumscribed, elastic, pulsating tumor, the size of a partridge egg, appeared under the site of the scar, and a lancinating pain radiated from it upwards along the arm and down to the tips of the ring and little fingers. The pressure made by this tumor upon the ulnar nerve augmented, of course, as the tumor attained a larger growth, until the pain along the fretted nerve, and especially at the points of its ultimate distribution, became most excruciating.

As the tendons of the flexor sub. dig. and flex. carp. ulnar were external to the tumor, the assistance derived from its lateral moving in diagnosing was lost, while the wrist joint was flexed to a right angle.

This was the condition in which I found the patient May 15th, when the swelling was as large as a lime. It was at once pronounced a case of traumatic aneurism, from the preceding history, and the fact that the pulsations in the tumor ceased whenever the elbow was strongly flexed so as to

arrest the circulation in the arterial canal. The degree of flexion, necessary to produce this effect, was, however, so great, that the pain it induced was insupportable; and as pressure at any other point was deemed impracticable, this plan of treatment, which Prof. Cabell of the Va. University says, "promises to supersede all others," was rejected.

A dietetic course, preparatory to an operation, was advised until the system could be properly reduced; and to hasten this, 3 i sulp. mag. was prescribed every other morning.

June 18th—Was summoned at night to visit the patient, and found him suffering the most intense pain along the whole arm. The little sufferer begged most plaintively for relief, even if his arm must be the sacrifice. The limb, in the mean time, had become cedematous, and the tumor, pulsating most violently through its attenuated and livid covering, had increased considerably in every direction, and was diffusing itself rapidly upwards, dissecting its way through the areolar tissue. A roller of flannel, wrung out of a mixture of chloroform, aq. amon., ol. olive, tr. op. and tr. camp. aa, was applied to the limb below the elbow, when the pain subsided. An operation had been deferred up to this period, under the forlorn hope that a spontaneous cure might take place, or that the diagnosis might be proved incorrect.

June 21st—That most accurate and very able physician, Dr. Presley Nelms, saw the patient to-day, at my request, and concurred in advising an operation without delay. Accordingly, on the 22d, it was performed in the following manner, and by the valuable assistance of Drs. Wheelwright & Son, and Dr. Henderson, my colleague. (We had to regret the absence of Dr. Haynie, under whose judicious management the case had previously been, but who was now out of the county.)

A dotted line was run from the internal tuberosity of the humerus to the pisiforme bone. This, according to Malgaigne's Operative Surgery, covers the lower two-thirds of the ulnar artery. The patient was now laid upon his back, and an incision twenty-eight lines in length was made along this line in the middle third of its track. The first stroke of the scalpel revealed a layer of adipose tissue. The superficial fascia being next divided, the dense aponeurosis, which unites the tendons of the above flexor muscles, was exposed. This attachment was broken down by the ivory handle of the scalpel from below upwards. The index finger, now insinuated between the tendons, recognized the feeble beat of the artery buried deeply beneath the flexor carp. ulnar. This being firmly held inwards by my friend Dr. H., the deep

fascia was carefully divided, and the sheath of the artery, with its venæ comites and superimposed ulnar nerve, brought to light. In rupturing this sheath, one of the venæ comites was wounded, and a slight hemorrhage ensued, which was easily arrested, however, by the application of a sponge dipped in cold water. The artery was now isolated from the surrounding textures, that it might be identified, and an aneurism needle, armed with a firm round thread of well waxed sadler's silk, was passed under it from within outwards, by Dr. H., and tied firmly in a reef knot. The lips of the wound were then brought in apposition, and secured by three interrupted sutures and adhesive strips.

The operation was begun without an intention to use anæsthesia, but the patient became so restless and unmanageable, that a sponge, cut in a hollow form and suspending chloroform, was held before the nose by Dr. W. sr., while Dr. W. jr. watched the pulse. The constant efforts of the little boy to free himself from our hands, and the limited supply of chloroform in our possession, conjoined to defeat the effort, and only a momentary repose was induced. During that short period, the pulse was unaffected, but the face became livid, and the jugular veins were rendered turgid. Pulsation ceased in the tumor one and a half hours after the operation, and the wound healed kindly, without an unfavorable symptom save a slight irritative fever, which came on the day after the operation, and continued four or five days. This was treated by saline aperients and antimonial nauseants, with rice water diet, and rest in the recumbent position. The ligature came away on the twelfth day. The process of absorption has now progressed so far, that at this date the tumor is almost imperceptible, and Master William has recovered the free use of his arm in all its wonted integrity and vigor!

The phoenix rises from its funeral pyre, and the cactus blooms once in a hundred years, and about as often, I presume, a spontaneous cure occurs in an aneurism; for, although I have searched over the records of several hundred cases, I have yet to meet with the first instance of the kind; that this may take place I will not deny, but does it happen often enough to justify deferring an operation? This question is asked, because it is to be observed, by the reader of the journals of the day, that several of our transatlantic brethren have pursued this course recently, with unfortunate results, and their example may find some advocates among our own countrymen. It is not my purpose to attempt a discussion of this query, however, in this article, but to confine my hurried remarks to the case so imperfectly narrated above. Prof. Ca-

bell, (already quoted,) than whom there is no higher authority, lays down the following concise and appropriate directions in the management of injuries of this class. He says: "If you are present when the wound is inflicted, envelop in a bandage the whole of the limb on the distal side, and bring it up so as to include the wound, which must have also a firm compress immediately over it. Should an aneurism form in spite of this, or in default of its not having been done, tie the artery on both the cardiac and distal sides of the tumor, and divide the artery at the seat of injury. If, however, the aneurism has been neglected till it may be termed chronic, Hunter's operation is alone necessary, because *now* the condition of the parts is like that in spontaneous aneurism, whereas, while it was in its primitive or acute stage, the tumor would have continued to grow by regurgitation, if the ligature had been applied to the cardiac side alone: hence the necessity for the additional deligation on the distal side at *that* period." In 1847, in company with my most estimable friend, the distinguished Dr. W. A. Brockenbrough of Virginia, I was present when Prof. C. B. Gibson, now of Richmond, Va., operated for femoral aneurism on a convict in the Maryland penitentiary; and if I remember aright, Prof. G. pointed out the advantages of an early operation, and advocated the distinction above described. His operation, done in so charming a manner, and his handling the knife with so much dexterity and skill, spoke so highly of his ability as a surgeon, that I was inattentive to everything save the grace and facility of his safe and successful deligation. I have not deemed it inappropriate on this occasion, Mr. Editor, to pay a passing tribute to the merits of Drs. Gibson and Cabell; and Dr. Mettauer *most eminently*, and others also, are meet to be mentioned equally in high praise—for are they not sons, native or adopted, of Virginia and of the South? Have we not had the claims of others pressed upon our attention even to nausea; and worse still, how often is it the case, that not content with this, the broad waters of the Atlantic are crossed, and M. So and So is held up as *the best* authority, and to advertise that the said writers have been to Paris? When men of genius, truth, integrity, virtue, zeal, science, and of the loftiest talents and acquirements, like these, are found among us, devoting their time, their heart and mind, and all they prize, to the noble work before them, entwining their brightest and most cherished hopes around the shrine freighted with their devotion—that shrine the mind, the intellect of her sons—is it not time to arouse our medical students to a knowledge of the fact, that literature and science are yet indigenous plants in the soil of the Old Dominion—that they flourish as vigorously in

all their verdure and maturity—that their fruit is as pleasant to the taste, inviting to the eye, as sound and healthy, as invigorating to the mind as can be found in other climes and other lands? Call upon the legislature again and again, till the voice shall be heeded, to give us a board of medical examiners—to give us an act for the registration of births, deaths, marriages, &c.—to learn with what strength the various morbid agents press upon the vital forces, and who knows but that we shall by and by gather from these statistics the materials to construct what may be termed, for the want of a better name, a vitometer—an instrument to measure the life-power of the people? But I am wandering into the labyrinths of speculation. When our lawmakers shall grant what is already asked, they will be awarded the meed of high praise, the gratitude of the sufferer, and the votary of science; and more still, their wisdom and kindness will invite the affections of her sons to cluster around their native hearthstone, and build up the enduring treasures of their love and usefulness upon the altar consecrated to the glory of their own beloved land.

A. J. CRITTEDEN, M. D.

Heathsville, Va., Aug. 13th, 1852.

Fatal Injury of the Head.

(Read before the Medico-Chirurgical Society of Richmond City, August 1852.)

BY JAS. BOLTON, M. D.

Fracture of the Cranium—Wound of the Brain—Entire absence of head symptoms during a considerable interval—Compression—Application of Trephine—Death.

The following case has attracted an unusual amount of attention, in consequence of the political bearing which has been given to it. It appears to me, however, to possess sufficient interest, on account of the medico-legal and surgical questions involved, to be worthy of being reported to this society:

James M. Jackson, aged about 20, of rather delicate appearance—a little over medium height—overseer in a tobacco factory.

Feb. 25, 1852—About 8 A. M., while attempting to chastise a slave, named Jordan Hatcher, was struck by the negro with an iron poker, which felled him to the floor. In a few moments he arose and ran down stairs in pursuit of the negro, who had fled.

He then took a seat in the office of the factory, and per-

ceiving he had been injured, sent for Dr. Cunningham. The latter, on his arrival, observed what appeared to be an insignificant cut upon the forehead near the intersection of the median line with the commencement of the hair. Dr. C. was informed that the wound was received in an affray with a factory hand, and that the patient had no headache nor sick stomach.* He was then applying cold water to the wound. Dr. C. had previously had a personal dispute with Jackson's father, who was a Thompsonian, and who consequently would not only disapprove of regular medical treatment, but to that of Dr. C. particularly. He therefore simply asked such questions as would enable him to prescribe for the emergency, and accordingly directed Jackson to continue the cold water dressings, as probably all that was required. Having stated the unfriendly relations between himself and Jackson's father, and that consequently it would be impossible for him to take charge of the patient, Dr. C. left him to seek other medical advice.

Jackson returned home, gave a minute narrative of the occurrence, held continual intercourse with the family, took his meals as usual, and neither complained of pain of the head nor shewed any signs of aberration of mind during the remainder of the day. He retired at the usual hour, but was rather wakeful during the night, and occasionally asked for water.

February 26th—He arose earlier than usual, dressed himself, and then, for the first time, complained of discomfort about the head. He breakfasted with the family, and insisted on going to the factory as usual. With some difficulty he was restrained, and his friends observing serious mental disturbance, sent again for Dr. C. On his arrival, finding the patient suffering from all the symptoms of compression of the brain, he immediately announced the extremely critical condition of the patient, and again refused to attend him, except in connection with another physician.

Dr. Deane was sent for, and an exploration of the wound made. It was then ascertained that the skull was broken through and the brain injured.

It was then agreed to call in myself, with the view of having an operation performed, should it be ascertained to be necessary.

5 P. M.—Saw him in consultation with Dr. C. He was then lying comatose—his breathing laborious and pulse depressed.

* Dr. C. recollects distinctly being informed that the blow was inflicted by a *billet of wood*—an important fact in forming an opinion of the nature of the wound.

Exploration.—The opening in the skull admitted my forefinger, which passed readily through a corresponding opening in the dura mater, and about half an inch into the substance of the brain. No fragments of bone could be felt in or around the wound; small portions of brain were smeared upon the hair near the wound.

Operation.—On *exposing the skull*, the opening was found to be about a half inch in diameter. Two fissures extended downwards from it about three-fourths of an inch, including a piece of bone about one half inch wide, which was considerably elevated. This piece was removed by means of a Heys saw and elevator, with the expectation that the missing fragments of bone would be found beneath it. The under surface of this piece, however, was so very narrow as to give no room for further exploration. An adjacent piece was then removed by the trephine, and under it was found the principal fragment which had occupied the opening in the skull. Two or three small fragments were removed from the opposite side between the dura mater and skull. None were found in the substance of the brain. The patient improved somewhat after the operation—the breathing being freer and the pulse fuller, and he answered a question put to him: but the comatose condition remained.

At 10 P. M. some reaction having taken place, he was bled, and a purgative administered.

After remaining stationary for some hours, his condition began to grow worse, until, near the middle of the next day, (27th,) more than two days after the injury, he died comatose.

REMARKS.—This case is interesting for the entire freedom from mental disturbance, notwithstanding a serious injury of the substance of the brain. After the patient had recovered from the concussion, which lasted only a few seconds, he was as rational and cheerful as usual for about fourteen hours, and the comatose condition did not come on until about twenty-four hours had elapsed. We have here, then, the usual history of a case of concussion followed, after a completely rational interval, by compression from effusion, probably owing in this instance to rupture of one or more branches of the anterior cerebral artery within the substance of the brain—an opinion which is confirmed by the considerable oozing of cerebral debris through the aperture, evidently protruded by a force from within.

The appearance of the wound corresponded minutely with the weapon exhibited in court. This was an iron bar about an inch thick and about 4 feet long, terminating at one end in a large knob of the same metal. The other end was bent at

right angles, and beat into a flat hook about 4 inches long by an inch wide and half an inch thick, tapering to a blunt extremity. The wound was inflicted with this end, which, in consequence of its shape, did not strike the skull at right angles, but passed obliquely downwards, ploughing up the bone before it. The shape of the fragment thus elevated, being broader without and narrower next the brain, indicated the application of a force such as the point of the poker applied to its under side.

This case affords a suitable occasion for some remarks upon a subject of much interest, viz: the rules which should guide us in regard to the application of the trephine.

Before entering upon the consideration of any special question, I would make this general remark, that there is no operation which should be undertaken with more reluctance than that of trephining the skull. If we observe the sharp, serrated teeth of the crown, even after the dangerous center-pin has been withdrawn, and then reflect upon the exceedingly variable thickness of the skull in different persons and in different regions of the same head—the soft and yielding nature of the parts beneath, so that they may be penetrated and the instrument thrust into the brain before the hand of the operator has been arrested by sensations, warning him of the impending danger—the liability of these parts to take on fatal morbid action from the slightest causes—that the operation, however skillfully performed, must always be hazardous to life, and that within the hidden recesses of the brain the mysterious presiding principle of life has its residence—we have considerations weighty and fearful enough to deter us from the rash use of this instrument.

The first question which arises is, With what condition ought the trephine to be used? This is readily answered, viz: in order to relieve the brain from compression. It is not to be understood, however, that it should be used in every such case, for there may be depression of bone to which the brain may accommodate itself, and there may be compression from effused fluid, which may be relieved by absorption. Second—Should the trephine be applied where there is neither fracture nor depression of bone?

In this case the bone is not the cause of compression, and the only intention which can justify the use of the instrument is the removal of effused blood between the cranium and the substance of the brain. The very existence of this state of things must always be involved in great obscurity; and even if the compressing cause could be made out with certainty, its *situation* would still be a matter of doubt.

The fact of effused blood is inferred, first, from the nature of the injury, and next, from its consequence, the compression of the brain. In the case under consideration, we may safely conclude, when symptoms of compression of the brain follow a blow upon the head after a short interval, that there is effusion of blood from a ruptured vessel within the cranium. Even here, however, we are liable to be led into fatal error, as the following case will exemplify: A man was brought into a large hospital, and placed under the care of a justly distinguished surgeon. An extensive contused wound was observed over the squamous portion of the temporal bone. The surgeon directed the attention of the students to the coma, stertorous breathing, oppressed pulse, expanded state of pupil on the opposite side, and absence of odor of breath usually produced by the use of ardent spirits, and diagnosed effusion of blood upon the brain beneath the wound of the scalp. He applied the trephine, and just as the bone was penetrated, turned to his class with an air of gratification, and directed their attention to the oozing of blood from the circular groove cut by the crown of the trephine. "There," said he, "you see the proof that my diagnosis is correct." He applied the elevator, and removed the circle of bone, but exposed to view a perfectly clean, healthy surface of dura mater. There was not a drop of effused blood to be seen—but a still more serious occurrence was exhibited, and that, too, produced by a far different cause—a stream of arterial blood was spinning from the lower margin of the cut made by the trephine. The middle meningeal artery had been severed by the hand of the surgeon, who was then occupied in remedying, with great difficulty, a more serious injury than that which the patient had sustained from violence. A few hours after, the patient entirely recovered his senses, and stated that he had been engaged the night before, in a drunken debauch, and the injury was probably produced by a fall while in a state of intoxication. The symptoms of compression, then, were produced by cerebral congestion, the result of excessive intoxication.

In two or three days the patient died from inflammation of the brain and its membranes, the result, in all probability, of the operation.

In this case, had the surgeon availed himself of a cautious delay, which the case admitted, he would not thus have sacrificed the life of his patient, and exposed himself to just censure.

In every case, then, we should enquire carefully whether the symptoms of compression are persistent, and are clearly

traceable to the injury. The connection must be clearly and satisfactorily made out.

The pupils must be carefully observed. Usually the pupil is expanded and insensible to light, as in amaurosis, on the side opposite to the effusion.

An important element in the diagnosis is the nature of the injury. A severe blow with a stick or hammer, for instance, spends its violence principally upon the part which is struck, and consequently there is greater danger of laceration of a vessel on the inner side of the spot than where the blow is given by a heavier weight, moving more slowly. For example—as when one is struck on the head by a heavy billet of wood, or when one falls from a height and strikes upon the head. It is in such as these latter cases that the remarkable result known as the *contre-coup* occurs.

In order to a clear conception of this injury, we must call to mind the peculiar conformation of the skull. At its base, we find the sphenoid or wedge-shaped bone, (so called, with beautiful propriety,) for it locks in with all the other bones, which enclose the cranial cavity, in such a manner as to perform the function of the keystone of an arch—an arch by the way which it will be observed is inverted, and consequently forms the anterior model to what has been considered a recent discovery in architecture. A force applied then to the summit of the cranium will be reflected upon this keystone. It articulates with the Basilar process of the occipital bone, which, resting upon the summit of the spinal column, must bear the entire weight of the body in falls upon the vertex of the head. In addition to these facts, it will be recollected that the stratum of diploe, which, by its spongy texture, obtunds the force of a blow above it, does not extend to the base of the skull, so that nearly the whole of this portion of the cranium corresponds in texture with the vitreous table.

It is therefore more fragile, and conducts the force of a blow more directly to the brain than the upper surface. In order to remedy this to some extent, we may observe a beautiful arrangement in the spongy texture of the Basilar process of the occipital bone, and in the fact that this bone is arched, having one end braced by the occipital bones, and the other end, which supports the head, resting upon the top of the spinal column. By these means, some degree of resilience is obtained, by which the shock from violence is averted.

From these remarks, it will be readily understood how the force of a blow from a heavy billet of wood, or a fall from a height upon the vortex of the head, may produce fracture of the Basilar process of the occipital bone, or fracture of the

sphenoid running into the petrous portions of the temporal. This injury is usually indicated, as might be expected, by bleeding from the ear, which is, therefore, justly considered a very alarming symptom.

Effusion may occur in the substance of the brain itself. Its tissue may be lacerated by violent succussion, and the arterial tubes, of thinner texture than in other more exposed parts of the system, be ruptured.

The place where a blow is most apt to produce effusion of blood, is the middle of the squamous portion of the temporal bone. Its under surface is deeply grooved for the reception of the middle meningeal artery, by which arrangement the brain is relieved from the pressure of the tube when in a state of distention.

Effusion, then, may occur at the base of the brain, or within its substance, and be entirely inaccessible to the surgeon.

Surely we can scarcely conceive a more difficult question of practice than the one presented.

If the effusion can be distinctly made out, and can be shewn to be so considerable as to produce a fatal pressure upon the brain, if its locality can be accurately determined and it can be proved to be within the reach of the surgeon, the trephine ought to be applied. But how can an accurate diagnosis, including all these essential points, be made in regard to parts within the hard closed cavity of the skull? Of what inestimable value, in such a case, would be the faculty of clairvoyance, if it were a reality, instead of a foolery of mesmerism or of spiritual rappings.

Are we, then, never to trephine in compression of the brain, without fracture or depression of bone? Must we always leave the patient to his fate? We answer, Decidedly not—and feel justified in laying down the following rule:

If the compression must in all probability prove fatal—if the blow were such as would be likely to expend its force upon the part where it was received, and there were vessels immediately beneath likely to be ruptured by such violence—we are justified in applying the trephine. The patient is entitled to the benefit of a hazardous operation, by which a fatal result may be avoided.

3d. Should the trephine be applied where there is fracture without depression? Here, nothing whatever can be gained by the operation, so far as the fracture is concerned. The compressing cause, as in the case just considered, is simply effused blood, and precisely the same remarks are applicable, with this exception—the indications for resorting to, or abstaining from the operation, may be clearer. The effused

blood beneath may ooze through the fissure in the bone, and thus reveal the cause of the compression, and its precise position. The necessity of the operation, however, must be determined, as in the former case, by the conviction that the powers of life must yield, unless relieved from the force which compresses their ruling organ.

4th. It is in cases of depression of bone below the general level that the trephine is peculiarly applicable. A question of much interest here arises, Whether the trephine should be applied in every such case?

There can be no doubt that the elevation of the bone is very desirable in every case; but when the preliminary remarks are borne in mind in regard to the hazard of trephining, and we recollect that experience has proved that a portion of the skull may be allowed to remain pressing upon the brain, not only without proving fatal, but without seriously impairing the functions of that organ, we must conclude decidedly against the indiscriminate use of the trephine in the cases under consideration. If, however, there be serious symptoms of compression, evidently caused by the displaced portion of cranium crowding the brain into a smaller compass, and especially as is usual in such cases, if the pressure of effused blood be superadded to that of the displaced bone, the use of the trephine is demanded—the hazards attending its use sinking into insignificance, compared with those which the patient must encounter if no effort be made to relieve him. We may say further, that if the displacement be so considerable as to make it almost certain that dangerous consequences will ensue unless it be remedied, we ought not to wait for their occurrence, but promptly to anticipate them, by removing the compressing force.

To accomplish this, it is not always necessary to remove the depressed portion of bone. By means of the elevator, we may often raise the fragment to its proper level, and thus relieve the suffering organ effectually, while we preserve to it its natural protection. In other instances, when an angular fragment is depressed, we may remove it by means of a Heys saw passed across the base by which it is attached.

In deciding the propriety of applying the trephine in any case, I would not limit one's considerations to those which have regard to the life of the patient. I remember an instance in which a laborer received a blow upon the vertex by a falling fragment of rock which had been blasted. The cranium was fractured and depressed to an extent of about an inch and a half in diameter. The poor fellow lay in a shanty without medical assistance until he recovered. Several weeks

afterwards he began to suffer from amaurosis, which of course was irremediable. In this case it would have been proper to expose the patient to the hazard of the operation in order to save his eye-sight, could such a result have been anticipated.

It should be recollected that the brain being nearly a fluid substance, obeys the law of fluids, viz: that a given power applied to a certain space of its surface is transmitted to every equal space of its surface with equal force; and therefore, not only does the part where the compression is exerted suffer, but every other part of equal extent suffers to the same degree that the extent of the mischief is not limited, but is diffused throughout the whole organ. This consideration may turn the scale in favor of the operation when the surgeon's mind is nearly in a state of equipoise in regard to it, and is entitled to weight on every occasion.

Unrelieved compression at one point, then, may seriously impair any or every function of the brain without proving immediately fatal. Epilepsy is occasionally the result of injury of the head, but this usually follows *remotely*, being produced by exostosis or outgrowth of bone from the fractured vitreous table.

In conclusion, I remark in regard to the case reported:

1st. That it would have been improper to have applied the trephine when the patient was first seen.

2d. That it was imperatively demanded when it was applied.

3d. The exploration, together with the result of the case, proves that the injury was beyond the reach of art, and therefore originally fatal *per se*.

EDITORIAL AND MISCELLANEOUS.

The Code of Ethics.

At a late meeting of the executive committee of the Medical Society of Virginia, a resolution was adopted, instructing the publication committee to have printed a sufficient number of copies of the Code of Ethics long ago adopted, and now adhered to, by the National Association, to supply the demand of the fellows of the society. In compliance with requests from numerous subscribers, we give room in this number to

that document. We hope that there is not a patron of this Journal, who can call it a sacrifice of space, even if he already possesses a dozen copies in pamphlet form. The document ought to be spread throughout the country, and the public should know its provisions, as well as every practitioner. No opportunity should be lost to instill into the community a knowledge of the laws which govern the conduct of medical men towards one another and their patients. If the public knew more about these laws, they would at once see their propriety and value, and the profession would be more esteemed and better treated. Many people side with the miserable outsiders, who are governed by no ethics, and whose only rule is *self*-interest, merely through ignorance. It remains with the upright medical men to enlighten the public, and thereby to elevate the profession.

To Correspondents.

We have been compelled to defer some communications for want of space—to postpone others indefinitely, because we have not time to *rewrite* them. If we were to publish everything which has been sent to us on the subject of *quinine*, there would not be room left for anything else in the next two numbers. Let this explain to the several correspondents, who have written on that subject, why they have not seen their articles in type. We grant that it is a subject of great practical interest and importance, but we would not be justified in giving more room to it, and it is impossible to publish all the papers which we have received.


Medical Hall of Virginia.

By this name we intend to designate the beautiful and spacious room which has been fitted up, on the corner of Main and 12th streets, by the executive committee of the state society in conjunction with the medico-chirurgical. It is a most

comfortable place; and as it belongs to the organized profession of the state, it must become a place of profitable resort to all fellows of the medical society, who may be on a visit to this city, and to other medical men who may be introduced there. We hope and trust that the scientific men of the state will make the ample cases and shelves, already fitted up, the receptacle of whatever books, specimens &c. &c. they may have to spare from their offices. If our country friends will take more interest, and will prepare and forward their specimens to the librarian and curator, it will not be long before the state society's hall will be one of the celebrities of the city and state. Should any one be simple enough to ask, "Of what use is this to me, as I am away off in the country?" we reply, in yankee style, with another question: "When a fellow of the royal college of surgeons of England goes to London and visits its magnificent halls, libraries, museums, etc., and perchance meets with a rare preparation which he had contributed and which he now sees in beautiful preservation, does he ask the selfish, stupid question above quoted? Again, can any one tell us of what earthly use *one*, or *two*, or *six*, odd pathological specimens are, when lying in "the shop," mouldering and being consumed by moths? Of what value to anybody are the old and rare books standing in the same places, on shelves which have held the same dust for years upon years.

There is *materiel* enough in Virginia to collect a fine museum and library; and the necessary spirit to do it is here too.

Then, who dare oppose, who can impede, the progress of the work?

 See the circular of the librarian and curator.

Medico-Chirurgical Society of Richmond City.

DR. JOHN DOVE, *President, in the Chair.*

[Present—Twenty Members.]

The society convened on Tuesday evening, August 3d, in the hall of the Medical Society of Virginia, and was called to order by the president.

On taking the chair, Dr. DOVE made a short but appropriate address, in which he referred to the objects of the society and the duties of its members. His remarks were chaste and well received, but as they were not written out, we cannot undertake to report them.

Dr. JOHN DOVE, jr. of Richmond city was balloted for and unanimously elected a member.

The regular subject of discussion for the evening being in order, Dr. OTIS said that he would read the paper on "*Obstructions of the Biliary Ducts*" at the next meeting, if it was the pleasure of the society to postpone it. A motion to that effect was made and adopted.

Dr. BOLTON then proceeded to read a voluntary contribution, detailing a case of wound of the cranium followed by death after trephining. (This paper is published in the present number, (p. 495,) and gave rise to some discussion.)

Notice of a resolution raising a committee to confer with the Richmond Pharmaceutical Society was given, and the resolution will come up at the next meeting.

Dr. P. H. CABELL's resignation as *librarian* was received, and Dr. OTIS was then elected in his place *pro tem.* and nominated for librarian.

After the transaction of some private business, the society adjourned till Tuesday, September 7th, its next regular day of meeting.

To the Medical Profession.

The undersigned, having been appointed librarian and curator of the Medical Society of Virginia, requests that the members of the society, and others favorably disposed towards scientific pursuits, will make such contributions to the library, museum and herbarium as they conveniently can.

Articles so destined will be received and deposited, if left at the office of the undersigned, on Franklin street, below 5th, or at the hall of the society, at the corner of Main and 12th streets.

W. J. CLARK, M. D.

Items.

Dr. F. M. ROBERTSON of Charleston, S. C. proposes to give a course of "practical lectures on obstetrics," in that city during the ensuing winter.

A regularly organized medical school is about to go into operation in Savannah, Georgia.

Professors Drake and Cobb have resigned their chairs in the University of Louisville, and been appointed in Cincinnati. They are succeeded in their respective departments by Professors Palmer, and Austin Flint, the able editor of the Buffalo Medical Journal.

Thomas Wakeley, Esq., the indefatigable editor of the London Lancet, declines a re-election to parliament, owing to physical inability to attend to his numerous duties.

Reviews and Bibliographical Notices.*Annual Reports of Insane Asylums.*

We regret that circumstances have heretofore prevented us from noticing the "annual reports" of the officers of these valuable institutions and eminent state charities. From an examination of these reports, we rejoice to see they both continue in the same flourishing condition which has marked their career for several years past, with the bright promise of continuing to fulfill the noble ends for which they were erected. The very great changes effected in, and a corresponding

amount of improvement attending upon, that treatment (both medical and moral) of this unfortunate portion of our fellow-citizens, have aroused a deep interest in the medical profession generally, as well as in the community at large: and we feel that we are but conferring a favor upon our brethren of the profession, in furnishing them with a synopsis of the reports of 1851, containing, as they do, interesting details and many valuable "statistical tables." We only regret that the able "superintendents" do not furnish us with more elaborate details of the medical treatment pursued in the asylums for the many and varied forms of insanity—a task which we know they are eminently qualified for—and thereby open to us what is now almost "a sealed book," and comparatively the hidden modes of treatment so successfully pursued by themselves.

The "Western asylum" at Staunton was supported during the last year by the state at a cost of \$29,764 08, besides \$9972 41 received by the institution from *pay* patients—making the entire sum expended for the support fund very nearly forty thousand dollars; during which time 406 patients enjoyed the benefits of the institution. Of this number, 45 were discharged cured; 5 much improved; 10 improved; 2 unimproved; 2 eloped, and 30 died. We regret to see that the institution was visited during the year with a violent, and in 9 cases, fatal form of erysipelas, involving some 30 patients during its continuance. Owing to this endemic, the mortality of the past year was somewhat greater than usual.

The elegant and well constructed buildings, and which are so well contrived for their different purposes, are capable of accommodating 420 patients at the same time. We trust it will be a long time before we hear that so large a number are assembled in the institution. In accordance with the suggestions of Dr. Stribling, the accomplished "superintendent," who had long seen and known the inconvenience and difficulties attendant upon lighting properly so large an institution by the means ordinarily obtained in the country, the board of directors urged upon the legislature the importance of appropriating a sufficient sum with which to erect a gas-house and appropriate fixtures for the purpose of lighting that and the other state institution by the means of gas. The application was promptly responded to by an appropriation on the part of the legislature of \$5000 for that purpose, and we are happy to learn the directors have taken all the necessary steps for the early completion of the work. Enjoying as we do *here* the benefits of this kind of light, we can congratulate the asylum upon the *brilliant* prospect awaiting it in this particular.

In closing his report, the superintendent pays the following handsome, and we doubt not, well merited tribute to the board of "directors, associate officers and attendants."—"Whatever the skill, industry and labors of the physician and superintendent, it cannot be denied, that without the efficient co-operation of others, the interests of so large an institution as this must materially suffer; nor should we conceal the truth, that whatever of success has crowned the operations of our asylum during the past as in former years, much if not most of the credit belongs to those associated with us in its management. We therefore again tender them our cordial thanks, and commend them once more to the confidence of the public and to Divine protection."

By the report of the directors and superintendent of the "Eastern asylum" at Williamsburg, it appears there were accommodated in that institution during the year, 238 patients. The estimate of expenses for the current year amounts to \$30,000, as necessary for its support. We are much gratified to see that there was erected during the last year a "complete apparatus for furnishing the asylum with a plentiful and unfailing supply of fresh water." The addition of this great *desideratum* to the many other valuable appliances already enjoyed by the institution, will, we apprehend, prove to be one of almost incalculable service and benefit. Independent of the great amount of comfort and convenience arising therefrom, on the score of its remedial efficacy in the medical treatment of insanity, we feel persuaded the directors, in the exercise of a wise discrimination and enlarged benevolence, could not have suggested a more valuable auxiliary to the curative agencies than this.

The intelligent and distinguished superintendent, Dr. Galt, in his report states that there were discharged from the asylum during the year, 21; of which 15 were cured; one was discharged under the 25th section of the New Code, which permits patients who are harmless and are desired by their friends "to return home." The number of deaths was 23. His report contains many valuable tables shewing the *duration* of the attack, civil condition in life, monthly admissions and discharges of the patients, statistics of seasons, &c. &c.; and a very full "physiological register," in which is set forth (with much care and particularity in its preparation) the weight, height, pulsation per minute, respiration per minute, color of eyes and hair, complexion and temperament of each patient.

This table is far more comprehensive than any other of a similar kind we now remember to have seen, and we agree fully with Dr. Galt in saying that "it would form a desirable

addition to the tabular statements usually included in the reports of institutions for the insane." Appended to the report is a register of the weather for six months of the year, which it is thought may serve to "exhibit the relations subsisting between atmospheric changes and the manifestations of mental disease."

For many interesting remarks upon the general condition of the insane, as furnished in the asylum, we beg leave to refer our readers to the report.

In closing our notice of the reports, we can but congratulate the citizens of our state upon the satisfactory condition of both of our asylums, and rejoice that the interests of this large and helpless class are committed to the able hands now controlling them.

We are also indebted to the directors and superintendent of the "Ohio lunatic asylum," under the immediate supervision of Dr. Samuel Hanbury Smith. The report of the physician and superintendent occupies nearly a hundred pages, and contains much valuable and interesting matter, written in the clear and terse style characteristic of all the literary and scientific productions of its distinguished author. From it we learn there were received into the asylum during the last year 283 patients, which, added to 318 already within its walls, make the total of 601 patients who enjoyed its benefits during the same time. Of this number 300 were discharged; 163 cured; 46 improved; 51 unimproved, and 40 died. The report also contains the usual statistical tables ordinarily found in such reports, and also a *summary* of the last 13 years, (a period we presume denoting the existence of the institution,) shewing the "No. of Admissions," "No. of Recoveries," "Average No. in Asylum," "Recent and Chronic Cases," &c. &c. for each year down to 1851, inclusive. The following abstract from the above table shews the per cent. of cures during the above specified time, by which it will be seen that the success which has crowned the well directed efforts of this valuable institution, compares favorably with that of similar institutions in our country :

Per cent. of recoveries on all treated in the asylum in					
13 years,	-	-	-	-	48.77
Per cent. of recoveries on all recent cases,	-	-	-	-	75.06
Per cent. of recoveries on all chronic cases,	-	-	-	-	23.74

Among the various subjects treated of in the report, the following are some upon which Dr. Smith dwells with much zeal and interest: "The importance of fewer discharges of incurables. Importance of the subject of insanity being more

generally understood. Necessity of building new asylums. Extent of accommodation required," &c. &c. Under the last head, he discloses to us the lamentable fact that *four-fifths* of the insane in Ohio are unprovided with suitable accommodations. From which it would appear that *much*, yea, *very much* remains to be accomplished by that prosperous state for the *remedial* and *custodial* care of its insane.

The "medical history" of the asylum for the last year occupies a large portion of the report, and furnishes the author's views on several different *forms* of insanity and the treatment pursued therein. Did our space permit, we would be glad to quote the doctor's remarks upon the pathology and treatment of "puerperal mania," as that is a form of mental disorder more frequently met with by the general practitioner than any other, and one about which there is some diversity of opinion respecting its therapeutical treatment.

We must, however, close by saying that the perusal of the report has afforded us much pleasure and satisfaction.

F.

The Principles and Practice of Surgery, illustrated by three hundred and sixteen engravings on wood—By WILLIAM PIRRIE, F. R. S. E., Regius Professor of Surgery in the Marischal College and University of Aberdeen; Surgeon to the Royal Infirmary, etc., etc. *Edited with additions*—By JOHN NEILL, M. D., Surgeon to the Penn Hospital, Demonstrator of Anatomy in the University of Penn, etc. *Philadelphia: Blanchard & Lea. 1852. 8vo. 784 pp.* From the publishers, through A. Morris, Main street.

Here is another candidate for favor with the American medical public, thrown out of the Philadelphia press, and edited by one of the most capable and accomplished men of that city. The book will sell rapidly in the neighborhood of the schools, for it only purports to be a text book. As such, we only have the fault to find with it which a foreign reviewer has already pointed out, viz: that there are many subjects of great importance which are entirely omitted, or they are slighted. We have reason to believe, however, that the American edition is a great improvement upon the original one. Dr. Neill spared no pains in editing it, and the publishers have afforded liberal means of improvement in the way of illustrations; and while we cannot laud the work as a systematic one, on either the principles or the practice of surgery, we still feel warranted in recommending it as a very valuable

compendium of both. We know of no other surgical book of a reasonable size, wherein there is so much theory and practice, or where subjects are more soundly or clearly taught.

Transactions of the Medical Association of Missouri, at its second Annual Meeting, held in St. Louis, April 19, 20, 21, 1852. Vol. II. 8vo. 116 pp.

These Transactions are well gotten up by Messrs. Chambers & Knapp, and shew a busy state of the profession in the great state of the West. The stirring address of the sterling president, Dr. McPheeters, ought to be circulated far and wide. He chose for his subject the following sentiment, and he spoke effectually and eloquently upon it: "A thorough organization of the profession, the only feasible plan for bringing about medical reform." Although Dr. M. is a professor, he takes high grounds, and is a zealous advocate for the reforms for which the *lay members* of the profession are so urgently contending.

The reports on surgery and on obstetrics, by Drs. Pope and Pallen, are instructive and ably drawn up.

The report of Dr. Reyburn, "On the Domestic Adulteration of Drugs and Liquors," is practical and well written. Next follows an essay by Dr. A. Hammer, "On Medical Education," which we really wish our limits would permit us to copy entire. He handles the subject without gloves, and lays the blame of the present system at the right doors—to the schools for manufacturing and to the profession for allowing them to do it.

Essays on *Erysipelas*, *Bilious Fever* and *Medical Topography*, by Drs. Vaughan, Shoenich and Wilcox, conclude the Transactions.

Transactions of the Medical Association of Central Southern New York, at the Annual Meeting held at Oswego June 1852. 8vo. 94 pp.

These Transactions are chiefly reports of committees on special subjects, together with a few voluntary papers. The president's address touches the quack-pathies of the day, and stimulates the members to duty.

An Address to the Medical Society of Georgia—By HENRY F. CAMPBELL, M. D., has been received from the author. "The difficulties and privileges of the profession" are expatiated upon feelingly and tastefully.

 Notices of other publications must be deferred till our next issue.

**Code of Ethics of the American Medical Association.
Adopted May 1847.**

CHAPTER I.

OF THE DUTIES OF PHYSICIANS TO THEIR PATIENTS, AND OF THE
OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS.

ARTICLE I.

Duties of Physicians to their Patients.

§ 1. A physician should not only be ever ready to obey the calls of the sick, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. Those obligations are the more deep and enduring, because there is no tribunal other than his own conscience to adjudge penalties for carelessness or neglect. Physicians should, therefore, minister to the sick with due impressions of the importance of their office; reflecting that the ease, the health, and the lives of those committed to their charge, depend on their skill, attention and fidelity. They should study, also, in their deportment, so to unite *tenderness* with *firmness*, and *condescension* with *authority*, as to inspire the minds of their patients with gratitude, respect and confidence.

§ 2. Every case committed to the charge of a physician should be treated with attention, steadiness, and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed; and the familiar and confidential intercourse to which physicians are admitted in their professional visits, should be used with discretion, and with the most scrupulous regard to fidelity and honor. The obligation of secrecy extends beyond the period of professional services; none of the privacies of personal and domestic life, no infirmity of disposition

or flaw of character observed during professional attendance, should ever be divulged by him except when he is imperatively required to do so. The force and necessity of this obligation are indeed so great, that professional men have, under certain circumstances, been protected in their observance of secrecy by courts of justice.

§ 3. Frequent visits to the sick are in general requisite, since they enable the physician to arrive at a more perfect knowledge of the disease, to meet promptly every change which may occur, and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and render him liable to be suspected of interested motives.

§ 4. A physician should not be forward to make gloomy prognostications, because they savour of empiricism, by magnifying the importance of his services in the treatment or cure of the disease. But he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger when it really occurs; and even to the patient himself, if absolutely necessary. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For, the physician should be the minister of hope and comfort to the sick; that, by such cordials to the drooping spirit, he may smooth the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquillity of the most resigned in their last moments. The life of a sick person can be shortened not only by the acts, but also by the words or the manner of a physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and to depress his spirits.

§ 5. A physician ought not to abandon a patient because the case is deemed incurable; for his attendance may continue to be highly useful to the patient, and comforting to the relatives around him, even in the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance, under such circumstances, would be sacrificing to fanciful delicacy and mistaken liberality, that moral duty, which is independent of, and far superior to all pecuniary consideration.

§ 6. Consultations should be promoted in difficult or protracted cases, as they give rise to confidence, energy, and more enlarged views in practice.

§ 7. The opportunity which a physician not unfrequently enjoys of promoting and strengthening the good resolutions of his patients, suffering under the consequences of vicious conduct, ought never to be neglected. His councils, or even remonstrances, will give satisfaction, not offence, if they be proffered with politeness, and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

ARTICLE II.

Obligations of Patients to their Physicians.

§ 1. The members of the medical profession, upon whom is enjoined the performance of so many important and arduous duties towards the community, and who are required to make so many sacrifices of comfort, ease, and health, for the welfare of those who avail themselves of their services, certainly have a right to expect and require, that their patients should entertain a just sense of the duties which they owe to their medical attendants.

§ 2. The first duty of a patient is, to select as his medical adviser one who has received a regular professional education. In no trade or occupation, do mankind rely on the skill of an untaught artist; and in medicine, confessedly the most difficult and intricate of the sciences, the world ought not to suppose that knowledge is intuitive.

§ 3. Patients should prefer a physician whose habits of life are regular, and who is not devoted to company, pleasure, or to any pursuit incompatible with his professional obligations. A patient should, also, confide the care of himself and family, as much as possible, to one physician, for a medical man who has become acquainted with the peculiarities of constitution, habits, and predispositions, of those he attends, is more likely to be successful in his treatment, than one who does not possess that knowledge.

A patient who has thus selected his physician, should always apply for advice in what may appear to him trivial cases, for the most fatal results often supervene on the slightest accidents. It is of still more importance that he should apply for assistance in the forming stage of violent diseases: it is to a neglect of this precept that medicine owes much of the uncertainty and imperfection with which it has been reproached.

§ 4. Patients should faithfully and unreservedly communicate to their physician the supposed cause of their disease.

This is the more important, as many diseases of a mental origin simulate those depending on external causes, and yet are only to be cured by ministering to the mind diseased. A patient should never be afraid of thus making his physician his friend and adviser; he should always bear in mind that a medical man is under the strongest obligations of secrecy. Even the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms, and causes of complaints peculiar to them. However commendable a modest reserve may be in the common occurrences of life, its strict observance in medicine is often attended with the most serious consequences, and a patient may sink under a painful and loathsome disease, which might have been readily prevented had timely intimation been given to the physician.

§ 5. A patient should never weary his physician with a tedious detail of events or matters not appertaining to his disease. Even as relates to his actual symptoms, he will convey much more real information by giving clear answers to interrogatories, than by the most minute account of his own framing. Neither should he obtrude upon his physician the details of his business nor the history of his family concerns.

§ 6. The obedience of a patient to the prescriptions of his physician should be prompt and implicit. He should never permit his own crude opinions as to their fitness, to influence his attention to them. A failure in one particular may render an otherwise judicious treatment dangerous, and even fatal. This remark is equally applicable to diet, drink, and exercise. As patients become calvaescent, they are very apt to suppose that the rules prescribed for them may be disregarded, and the consequence, but too often, is a relapse. Patients should never allow themselves to be persuaded to take any medicine whatever, that may be recommended to them by the self-constituted doctors and doctresses, who are so frequently met with, and who pretend to possess infallible remedies for the cure of every disease. However simple some of their prescriptions may appear to be, it often happens that they are productive of much mischief, and in all cases they are injurious, by contravening the plan of treatment adopted by the physician.

§ 7. A patient should, if possible, avoid even the *friendly visits of a physician* who is not attending him—and when he does receive them, he should never converse on the subject of his disease, as an observation may be made, without any intention of interference, which may destroy his confidence in the course he is pursuing, and induce him to neglect the directions prescribed to him. A patient should never send for a

consulting physician without the express consent of his own medical attendant. It is of great importance that physicians should act in concert ; for, although their modes of treatment may be attended with equal success when employed singly, yet conjointly they are very likely to be productive of disastrous results.

§ 8. When a patient wishes to dismiss his physician, justice and common courtesy require that he should declare his reasons for so doing.

§ 9. Patients should always, when practicable, send for their physician in the morning, before his usual hour of going out ; for, by being early aware of the visits he has to pay during the day, the physician is able to apportion his time in such a manner as to prevent an interference of engagements. Patients should also avoid calling on their medical adviser unnecessarily during the hours devoted to meals or sleep. They should always be in readiness to receive the visits of their physician, as the detention of a few minutes is often of serious inconvenience to him.

§ 10. A patient should, after his recovery, entertain a just and enduring sense of the value of the services rendered him by his physician ; for these are of such a character, that no mere pecuniary acknowledgment can repay or cancel them.

CHAPTER II.

OF THE DUTIES OF PHYSICIANS TO EACH OTHER, AND TO THE PROFESSION AT LARGE.

ARTICLE I.

Duties for the Support of Professional Character.

§ 1. Every individual, on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness. He should, therefore, observe strictly such laws as are instituted for the government of its members ; should avoid all contumelious and sarcastic remarks relative to the faculty, as a body ; and while, by unwearied diligence, he resorts to every honorable means of enriching the science, he should entertain a due respect for his seniors, who have, by their labors, brought it to the elevated condition in which he finds it.

§ 2. There is no profession, from the members of which

greater purity of character, and a higher standard of moral excellence are required, than the medical; and to attain such eminence, is a duty every physician owes alike to his profession, and to his patients. It is due to the latter, as without it he cannot command their respect and confidence, and to both, because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent upon the faculty to be temperate in all things, for the practice of physic requires the unremitting exercise of a clear and vigorous understanding; and, on emergencies, for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head may be essential to the well-being, and even to the life, of a fellow creature.

§ 3. It is derogatory to the dignity of the profession, to resort to public advertisements or private cards or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or suffer such publications to be made—to invite laymen to be present at operations—to boast of cures and remedies—to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

§ 4. Equally derogatory to professional character is it, for a physician to hold a patent for any surgical instrument, or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself or of others. For if such *nostrum* be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality: and, if mystery alone give it value and importance, such craft implies either disgraceful ignorance, or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

ARTICLE II.

Professional Services of Physicians to each other.

§ 1. All practitioners of medicine, their wives, and their children, while under the paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them, whose assistance may be desired. A physician afflicted with disease is usually an incompetent judge of his own case; and the natural anxiety and solicitude which he experiences at

the sickness of a wife, a child, or any one who, by the ties of consanguinity, is rendered peculiarly dear to him, tend to obscure his judgment, and produce timidity and irresolution in his practice. Under such circumstances medical men are peculiarly dependent upon each other, and kind offices and professional aid should always be cheerfully and gratuitously afforded. Visits ought not, however, to be obtruded officiously, as such unmasked civility may give rise to embarrassment, or interfere with that choice on which confidence depends. But if a distant member of the faculty, whose circumstances are affluent, request attendance, and an honorarium be offered, it should not be declined; for no pecuniary obligation ought to be imposed which the party receiving it would wish not to incur.

ARTICLE III.

Of the Duties of Physicians as respects Vicarious Offices.

§ 1. The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed, sometimes require him temporarily to withdraw from his duties to his patients, and to request some of his professional brethren to officiate for him. Compliance with this request is an act of courtesy which should always be performed with the utmost consideration for the interest and character of the family physician, and when exercised for a short period, all the pecuniary obligations for such service should be awarded to him. But if a member of the profession neglect his business in quest of pleasure and amusement, he cannot be considered as entitled to the advantages of the frequent and long-continued exercise of this fraternal courtesy, without awarding to the physician who officiates the fees arising from the discharge of his professional duties.

In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

ARTICLE IV.

Of the Duties of Physicians in regard to Consultations.

§ 1. A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual

to the exercise and honors of his profession. Nevertheless, as in consultations the good of the patient is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner, who has a license to practice from some medical board of known and acknowledged respectability, recognized by this association, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation, when it is requested by the patient. But no one can be considered as a regular practitioner, or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology and organic chemistry.

§ 2. In consultations, no rivalry or jealousy should be indulged; candor, probity, and all due respect should be exercised towards the physician having charge of the case.

§ 3. In consultations, the attending physician should be the first to propose the necessary questions to the sick; after which the consulting physician should have the opportunity to make such farther enquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place for deliberation; and the one first in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends, except in the presence of all the faculty attending, and by their common consent; and no *opinions* or *prognostications* should be delivered, which are not the result of previous deliberation and concurrence.

§ 4. In consultations, the physician in attendance should deliver his opinion first; and when there are several consulting, they should deliver their opinions in the order in which they have been called in. No decision, however, should restrain the attending physician from making such variations in the mode of treatment as any subsequent unexpected change in the character of the case may demand. But such variation, and the reasons for it, ought to be carefully detailed at the next meeting in consultation. The same privilege belongs also to the consulting physician, if he is sent for in an emergency, when the regular attendant is out of the way, and similar explanations must be made by him at the next consultation.

§ 5. The utmost punctuality should be observed in the visits of physicians when they are to hold consultation toge-

ther, and this is generally practicable, for society has been considerate enough to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinquishment of any present occupation. But, as professional engagements may sometimes interfere, and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will of course see the patient and prescribe; but if it be the consulting one, he should retire, except in case of emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient, and give his opinion in *writing* and *under seal*, to be delivered to his associate.

§ 6. In consultations, theoretical discussions should be avoided, as occasioning perplexity and loss of time. For there may be much diversity of opinion concerning speculative points, with perfect agreement in those modes of practice which are founded, not on hypothesis, but on experience and observation.

§ 7. All discussions in consultation should be held as secret and confidential. Neither by words nor manner should any of the parties to a consultation assert or insinuate that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants—they must equally share the credit of success as well as the blame of failure.

§ 8. Should an irreconcilable diversity of opinion occur when several physicians are called upon to consult together, the opinion of the majority should be considered as decisive; but if the numbers be equal on each side, then the decision should rest with the attending physician. It may, moreover, sometimes happen that two physicians cannot agree in their views of the nature of a case and the treatment to be pursued. This is a circumstance much to be deplored, and should always be avoided, if possible, by mutual concessions, as far as they can be justified by a conscientious regard for the dictates of judgment. But, in the event of its occurrence, a third physician should, if practicable, be called to act as umpire; and, if circumstances prevent the adoption of this course, it must be left to the patient to select the physician in whom he is most willing to confide. But, as every physician relies upon the rectitude of his judgment, he should, when left in the minority, politely and consistently retire from any further deliberation in the consultation, or participation in the management of the case.

§ 9. As circumstances sometimes occur to render a *special consultation* desirable, when the continued attendance of two physicians might be objectionable to the patient, the member of the faculty whose assistance is required in such cases, should sedulously guard against all future unsolicited attendance. As such consultations require an extraordinary portion both of time and attention, at least a double honorarium may be reasonably expected.

§ 10. A physician who is called upon to consult, should observe the most honorable and scrupulous regard for the character and standing of the practitioner in attendance; the practice of the latter, if necessary, should be justified as far as it can be consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out which could impair the confidence in him, or affect his reputation. The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities, which are too often practised by the dishonest for the base purpose of gaining applause or ingratiating themselves into the favor of families and individuals.

ARTICLE V.

Duties of Physicians in cases of Interference.

§ 1. Medicine is a liberal profession, and those admitted into its ranks should found their expectation of practice upon the extent of their qualifications, not on intrigue or artifice.

§ 2. A physician, in his intercourse with a patient under the care of another practitioner, should observe the strictest caution and reserve. No meddling enquiries should be made—no disingenuous hints given relative to the nature and treatment of his disorder; nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the physician employed.

§ 3. The same circumspection and reserve should be observed when, from motives of business or friendship, a physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided, except under peculiar circumstances; and when they are made, no particular enquiries should be instituted relative to the nature of the disease, or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

§ 4. A physician ought not to take charge of or prescribe for a patient who has recently been under the care of another

member of the faculty in the same illness, except in cases of sudden emergency, or in consultation with the physician previously in attendance, or when the latter has relinquished the case, or been regularly notified that his services are no longer desired. Under such circumstances, no unjust and illiberal insinuations should be thrown out in relation to the conduct or practice previously pursued, which should be justified as far as candor and regard for truth and probity will permit; for it often happens, that patients become dissatisfied when they do not experience immediate relief, and, as many diseases are naturally protracted, the want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge and skill.

§ 5. When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival.

§ 6. It often happens, in cases of sudden illness, or of recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for. Under these circumstances, courtesy should assign the patient to the first who arrives, who should select from those present any additional assistance that he may deem necessary. In all such cases, however, the practitioner who officiates, should request the family physician, if there be one, to be called, and, unless his further attendance be requested, should resign the case to the latter on his arrival.

§ 7. When a physician is called to the patient of another practitioner, in consequence of the sickness or absence of the latter, he ought, on the return or recovery of the regular attendant, and with the consent of the patient, to surrender the case.

§ 8. A physician, when visiting a sick person in the country, may be desired to see a neighboring patient who is under the regular direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give advice adapted to present circumstances; to interfere no farther than is absolutely necessary with the general plan of treatment; to assume no future direction, unless it be expressly desired; and, in this last case, to request an immediate consultation with the practitioner previously employed.

§ 9. A wealthy physician should not give advice *gratis* to the affluent; because his doing so is an injury to his professional brethren. The office of a physician can never be supported as an exclusively beneficent one; and it is defrauding,

in some degree, the common funds for its support, when fees are dispensed with which might justly be claimed.

§ 10. When a physician who has been engaged to attend a case of midwifery, is absent, and another is sent for, if delivery is accomplished during the attendance of the latter, he is entitled to the fee, but should resign the patient to the practitioner first engaged.

ARTICLE VI.

Of Differences between Physicians.

§ 1. Diversity of opinion, and opposition of interest, may, in the medical, as in other professions, sometimes occasion controversy and even contention. Whenever such cases unfortunately occur, and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians, or a *court-medical*.

§ 2. As peculiar reserve must be maintained by physicians towards the public, in regard to professional matters, and as there exist numerous points in medical ethics and etiquette through which the feelings of medical men may be painfully assailed in their intercourse with each other, and which cannot be understood or appreciated by general society, neither the subject matter of such differences nor the adjudication of the arbitrators should be made public, as publicity in a case of this nature may be personally injurious to the individuals concerned, and can hardly fail to bring discredit on the faculty.

ARTICLE VII.

Of Pecuniary Acknowledgments.

Some general rules should be adopted by the faculty, in every town or district, relative to *pecuniary acknowledgments* from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit.

CHAPTER III.

OF THE DUTIES OF THE PROFESSION TO THE PUBLIC, AND OF THE OBLIGATIONS OF THE PUBLIC TO THE PROFESSION.

ARTICLE I.

Duties of the Profession to the Public.

§ 1. As good citizens, it is the duty of physicians to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens: they should also be ever ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of medical police, public hygiene, and legal medicine. It is their province to enlighten the public in regard to quarantine regulations—the location, arrangement, and dietaries of hospitals, asylums, schools, prisons, and similar institutions—in relation to the medical police of towns, as drainage, ventilation, &c., and in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence prevails, it is their duty to face the danger, and to continue their labors for the alleviation of the suffering, even at the jeopardy of their own lives.

§ 2. Medical men should also be always ready, when called on by the legally constituted authorities, to enlighten coroners' inquests and courts of justice, on subjects strictly medical—such as involve questions relating to sanity, legitimacy, murder by poisons or other violent means, and in regard to the various other subjects embraced in the science of medical jurisprudence. But in these cases, and especially where they are required to make a post mortem examination, it is just, in consequence of the time, labor and skill required, and the responsibility and risk they incur, that the public should award them a proper honorarium.

§ 2. There is no profession, by the members of which eleemosynary services are more liberally dispensed than the medical, but justice requires that some limits should be placed to the performance of such good offices. Poverty, professional brotherhood and certain of the public duties referred to in the first section of this chapter, should always be recognized as presenting valid claims for gratuitous services; but neither institutions endowed by the public or by rich individuals, societies for mutual benefit, for the insurance of lives or for analogous purposes, nor any profession or occupation, can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to

serve on juries, to perform militia duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances, such professional services should always be cheerfully and freely accorded.

§ 4. It is the duty of physicians, who are frequent witnesses of the enormities committed by quackery, and the injury to health and even destruction of life caused by the use of quack medicines, to enlighten the public on these subjects, and to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and imposters. Physicians ought to use all the influence which they may possess, as professors in colleges of pharmacy, and by exercising their option in regard to the shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture and sale.

ARTICLE II.

Obligations of the Public to Physicians.

§ 1. The benefits accruing to the public, directly and indirectly, from the active and unwearied beneficence of the profession, are so numerous and important, that physicians are justly entitled to the utmost consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical qualifications—to make a proper discrimination between true science and the assumptions of ignorance and empiricism—to afford every encouragement and facility for the acquisition of medical education—and no longer to allow the statute books to exhibit the anomaly of exacting knowledge from physicians, under liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it.

Case of Inflammation of Ovaria.

BY S. B. ROBISON, M. D., OF RUTHERFORD COUNTY, TENNESSEE.

The following case is reported, partly for want of a better, and partly because I have not sought for a curious case to report, nor for one that I thought nobody had ever seen the like of before.

September 3d—was called to see Kitty, a negress belonging to Dr. J. W. Hoggart, and living at his quarter in this vicinity,

at night; found her complaining of pain all over the abdomen, and learned from the overseer that she had complained in the same way for about three days. She rather located the seat of the pain a little below and to the right of the umbilicus; and one of her female friends at the quarter, a little more knowing than the rest, had put an old blister plaster over that part. As she had no fever, I supposed she might have colic or something of the kind. I gave her a dose of morphia to give ease, and left her till morning.

4th. Visited her this morning; found her easier; blister had drawn some; still supposing the case did not amount to much, I gave her, or left for her 4 powders of cal. and Dover's powder, to be followed by oil in the evening. Heard nothing more from Kitty until the 7th: was then called to the same plantation to see a child; and as a matter of course, in passing among the cabins, called in to see Kitty, and found her with a high fever and great pain in the abdomen. I then made a closer examination than I had made, having become satisfied she was seriously ill, and was satisfied, after my examination, that she had inflammation of the right ovary, and so reported to the overseer, who rather thought she was possoming. As her fever was very high and the tongue much coated, I gave her 3 pills of calomel and rhubarb.

8th. The pills had acted well; the tongue is still very much coated and the fever high. By this time there was considerable tumor over the ovary; very tender; ordered leeches to the tumor, and got 30 of them to bite; dose of oil at night.

9th. Less fever; tongue still coated; apply iodine oint. over the tumor.

10th. No fever; tumor of less size.

11th. No fever; some pain higher up among the ribs. Give 2 gr. proto-iodide of mercury every day, and apply the ointment of iodine—dose of oil in the morning.

13th. Pulse 80; tongue still coated; no pain; tumor growing less; continue oint. and pills.

15th. Kitty is worse; high fever; pulse 100; tongue coated; great pain in tumor; give morphine to-night and leech her to-morrow.

16th. Leeches did not bite well; continue leeches and give blue mass to-night.

18th, M. Better; no fever; tumor rather less and not so painful; take pills, cal. and rhubarb, and oil to-night.

19th, M. Pulse 88; tongue pretty clean; not much pain; tumor less painful; a quinine pill every 2 hours till 4 are taken.

20th, M. Kitty is not so well this morning; walked about

too much yesterday; tongue more coated; pulse 80; mouth a little sore; tumor more tender; quinine in the forenoon. Leech the tumor again.

22. No fever; tongue still coated; pulse 88; tumor easy; can handle it without pain. Leech it again to-day.

23d. No fever; tongue coated; pulse 88; some pain in the tumor. Leech again to-day, and use iodine ointment.

27th. Kitty not so well; pulse 100; tumor more painful, fuller, looks like rising—poultice.

28th. Pulse 88; tumor softening; poultice again.

29th. Pulse 88; opened the abscess in presence of Dr. Avent, and about a quart of thin matter ran out, affording much relief. Introduced a tent, and applied poultice again.

30th. Pulse 80 and feeble; abscess easy; looks quite well; orifice open.

Oct. 1st. Kitty is doing well; abscess still running; pulse 82. Appetite improves; countenance looks well.

3d. Kitty still improves, abscess open.

March, 1852. Kitty is well, and makes a hand out doors or in the house.—*Nashville Med. & Surg. Jour.*

On the Structure, Function and Disease of the Liver, and on the Action of Cholagogue Medicines.

BY C. HANDFIELD JONES, M. D., F. R. S.

(Communicated by Dr. Bence Jones, F. R. S.)

The author first described the minute structure of the liver, which consisted essentially of a mass of nucleated cells or celloid particles, usually more perfectly formed than the cells either of the salivary or renal glands, presenting a distinct nucleus, with a nucleolar spot, an exterior envelop, and an included mass of soft, semi-solid, albuminous substance, which commonly contained a few oily molecules. In addition to these, in well-nourished livers, were numerous free nuclei, imbedded in albuminous blastema, which exhibited various stages of progress towards the mature or perfect cell. The oily contents of the cells were subject to great variation, both in the same individual and in different classes of animals; the less perfect the type of the respiratory process, the greater the quantity of oily matter in the hepatic cells. The cells in their general mass constituted the hepatic parenchyma; this might be subdivided into smaller portions, called lobules, which were separated from each other more or less completely by fissures, the fissures themselves being continuous

ther, and this is generally practicable, for society has been considerate enough to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinquishment of any present occupation. But, as professional engagements may sometimes interfere, and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will of course see the patient and prescribe; but if it be the consulting one, he should retire, except in case of emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient, and give his opinion in *writing* and *under seal*, to be delivered to his associate.

§ 6. In consultations, theoretical discussions should be avoided, as occasioning perplexity and loss of time. For there may be much diversity of opinion concerning speculative points, with perfect agreement in those modes of practice which are founded, not on hypothesis, but on experience and observation.

§ 7. All discussions in consultation should be held as secret and confidential. Neither by words nor manner should any of the parties to a consultation assert or insinuate that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants—they must equally share the credit of success as well as the blame of failure.

§ 8. Should an irreconcilable diversity of opinion occur when several physicians are called upon to consult together, the opinion of the majority should be considered as decisive; but if the numbers be equal on each side, then the decision should rest with the attending physician. It may, moreover, sometimes happen that two physicians cannot agree in their views of the nature of a case and the treatment to be pursued. This is a circumstance much to be deplored, and should always be avoided, if possible, by mutual concessions, as far as they can be justified by a conscientious regard for the dictates of judgment. But, in the event of its occurrence, a third physician should, if practicable, be called to act as umpire; and, if circumstances prevent the adoption of this course, it must be left to the patient to select the physician in whom he is most willing to confide. But, as every physician relies upon the rectitude of his judgment, he should, when left in the minority, politely and consistently retire from any further deliberation in the consultation, or participation in the management of the case.

§ 9. As circumstances sometimes occur to render a *special consultation* desirable, when the continued attendance of two physicians might be objectionable to the patient, the member of the faculty whose assistance is required in such cases, should sedulously guard against all future unsolicited attendance. As such consultations require an extraordinary portion both of time and attention, at least a double honorarium may be reasonably expected.

§ 10. A physician who is called upon to consult, should observe the most honorable and scrupulous regard for the character and standing of the practitioner in attendance; the practice of the latter, if necessary, should be justified as far as it can be consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out which could impair the confidence in him, or affect his reputation. The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities, which are too often practised by the dishonest for the base purpose of gaining applause or ingratiating themselves into the favor of families and individuals.

ARTICLE V.

Duties of Physicians in cases of Interference.

§ 1. Medicine is a liberal profession, and those admitted into its ranks should found their expectation of practice upon the extent of their qualifications, not on intrigue or artifice.

§ 2. A physician, in his intercourse with a patient under the care of another practitioner, should observe the strictest caution and reserve. No meddling enquiries should be made—no disingenuous hints given relative to the nature and treatment of his disorder; nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the physician employed.

§ 3. The same circumspection and reserve should be observed when, from motives of business or friendship, a physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided, except under peculiar circumstances; and when they are made, no particular enquiries should be instituted relative to the nature of the disease, or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

§ 4. A physician ought not to take charge of or prescribe for a patient who has recently been under the care of another

member of the faculty in the same illness, except in cases of sudden emergency, or in consultation with the physician previously in attendance, or when the latter has relinquished the case, or been regularly notified that his services are no longer desired. Under such circumstances, no unjust and illiberal insinuations should be thrown out in relation to the conduct or practice previously pursued, which should be justified as far as candor and regard for truth and probity will permit; for it often happens, that patients become dissatisfied when they do not experience immediate relief, and, as many diseases are naturally protracted, the want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge and skill.

§ 5. When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival.

§ 6. It often happens, in cases of sudden illness, or of recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for. Under these circumstances, courtesy should assign the patient to the first who arrives, who should select from those present any additional assistance that he may deem necessary. In all such cases, however, the practitioner who officiates, should request the family physician, if there be one, to be called, and, unless his further attendance be requested, should resign the case to the latter on his arrival.

§ 7. When a physician is called to the patient of another practitioner, in consequence of the sickness or absence of the latter, he ought, on the return or recovery of the regular attendant, and with the consent of the patient, to surrender the case.

§ 8. A physician, when visiting a sick person in the country, may be desired to see a neighboring patient who is under the regular direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give advice adapted to present circumstances; to interfere no farther than is absolutely necessary with the general plan of treatment; to assume no future direction, unless it be expressly desired; and, in this last case, to request an immediate consultation with the practitioner previously employed.

§ 9. A wealthy physician should not give advice *gratis* to the affluent; because his doing so is an injury to his professional brethren. The office of a physician can never be supported as an exclusively beneficent one; and it is defrauding,

in some degree, the common funds for its support, when fees are dispensed with which might justly be claimed.

§ 10. When a physician who has been engaged to attend a case of midwifery, is absent, and another is sent for, if delivery is accomplished during the attendance of the latter, he is entitled to the fee, but should resign the patient to the practitioner first engaged.

ARTICLE VI.

Of Differences between Physicians.

§ 1. Diversity of opinion, and opposition of interest, may, in the medical, as in other professions, sometimes occasion controversy and even contention. Whenever such cases unfortunately occur, and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians, or a *court-medical*.

§ 2. As peculiar reserve must be maintained by physicians towards the public, in regard to professional matters, and as there exist numerous points in medical ethics and etiquette through which the feelings of medical men may be painfully assailed in their intercourse with each other, and which cannot be understood or appreciated by general society, neither the subject matter of such differences nor the adjudication of the arbitrators should be made public, as publicity in a case of this nature may be personally injurious to the individuals concerned, and can hardly fail to bring discredit on the faculty.

ARTICLE VII.

Of Pecuniary Acknowledgments.

Some general rules should be adopted by the faculty, in every town or district, relative to *pecuniary acknowledgments* from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit.

CHAPTER III.

OF THE DUTIES OF THE PROFESSION TO THE PUBLIC, AND OF THE OBLIGATIONS OF THE PUBLIC TO THE PROFESSION.

ARTICLE I.

Duties of the Profession to the Public.

§ 1. As good citizens, it is the duty of physicians to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens: they should also be ever ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of medical police, public hygiene, and legal medicine. It is their province to enlighten the public in regard to quarantine regulations—the location, arrangement, and dietaries of hospitals, asylums, schools, prisons, and similar institutions—in relation to the medical police of towns, as drainage, ventilation, &c., and in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence prevails, it is their duty to face the danger, and to continue their labors for the alleviation of the suffering, even at the jeopardy of their own lives.

§ 2. Medical men should also be always ready, when called on by the legally constituted authorities, to enlighten coroners' inquests and courts of justice, on subjects strictly medical—such as involve questions relating to sanity, legitimacy, murder by poisons or other violent means, and in regard to the various other subjects embraced in the science of medical jurisprudence. But in these cases, and especially where they are required to make a post mortem examination, it is just, in consequence of the time, labor and skill required, and the responsibility and risk they incur, that the public should award them a proper honorarium.

§ 2. There is no profession, by the members of which eleemosynary services are more liberally dispensed than the medical, but justice requires that some limits should be placed to the performance of such good offices. Poverty, professional brotherhood and certain of the public duties referred to in the first section of this chapter, should always be recognized as presenting valid claims for gratuitous services; but neither institutions endowed by the public or by rich individuals, societies for mutual benefit, for the insurance of lives or for analogous purposes, nor any profession or occupation, can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to

serve on juries, to perform militia duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances, such professional services should always be cheerfully and freely accorded.

§ 4. It is the duty of physicians, who are frequent witnesses of the enormities committed by quackery, and the injury to health and even destruction of life caused by the use of quack medicines, to enlighten the public on these subjects, and to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and imposters. Physicians ought to use all the influence which they may possess, as professors in colleges of pharmacy, and by exercising their option in regard to the shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture and sale.

ARTICLE II.

Obligations of the Public to Physicians.

§ 1. The benefits accruing to the public, directly and indirectly, from the active and unwearied beneficence of the profession, are so numerous and important, that physicians are justly entitled to the utmost consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical qualifications—to make a proper discrimination between true science and the assumptions of ignorance and empiricism—to afford every encouragement and facility for the acquisition of medical education—and no longer to allow the statute books to exhibit the anomaly of exacting knowledge from physicians, under liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it.

Case of Inflammation of Ovaria.

BY S. B. ROBISON, M. D., OF RUTHERFORD COUNTY, TENNESSEE.

The following case is reported, partly for want of a better, and partly because I have not sought for a curious case to report, nor for one that I thought nobody had ever seen the like of before.

September 3d—was called to see Kitty, a negress belonging to Dr. J. W. Hoggart, and living at his quarter in this vicinity,

at night ; found her complaining of pain all over the abdomen, and learned from the overseer that she had complained in the same way for about three days. She rather located the seat of the pain a little below and to the right of the umbilicus ; and one of her female friends at the quarter, a little more knowing than the rest, had put an old blister plaster over that part. As she had no fever, I supposed she might have colic or something of the kind. I gave her a dose of morphia to give ease, and left her till morning.

4th. Visited her this morning ; found her easier ; blister had drawn some ; still supposing the case did not amount to much, I gave her, or left for her 4 powders of cal. and Dover's powder, to be followed by oil in the evening. Heard nothing more from Kitty until the 7th : was then called to the same plantation to see a child ; and as a matter of course, in passing among the cabins, called in to see Kitty, and found her with a high fever and great pain in the abdomen. I then made a closer examination than I had made, having become satisfied she was seriously ill, and was satisfied, after my examination, that she had inflammation of the right ovary, and so reported to the overseer, who rather thought she was possoming. As her fever was very high and the tongue much coated, I gave her 3 pills of calomel and rhubarb.

8th. The pills had acted well ; the tongue is still very much coated and the fever high. By this time there was considerable tumor over the ovary ; very tender ; ordered leeches to the tumor, and got 30 of them to bite ; dose of oil at night.

9th. Less fever ; tongue still coated ; apply iodine oint. over the tumor.

10th. No fever ; tumor of less size.

11th. No fever ; some pain higher up among the ribs. Give 2 gr. proto-iodide of mercury every day, and apply the ointment of iodine—dose of oil in the morning.

13th. Pulse 80 ; tongue still coated ; no pain ; tumor growing less ; continue oint. and pills.

15th. Kitty is worse ; high fever ; pulse 100 ; tongue coated ; great pain in tumor ; give morphine to-night and leech her to-morrow.

16th. Leeches did not bite well ; continue leeches and give blue mass to-night.

18th, M. Better ; no fever ; tumor rather less and not so painful ; take pills, cal. and rhubarb, and oil to-night.

19th, M. Pulse 88 ; tongue pretty clean ; not much pain ; tumor less painful ; a quinine pill every 2 hours till 4 are taken.

20th, M. Kitty is not so well this morning ; walked about

too much yesterday; tongue more coated; pulse 80; mouth a little sore; tumor more tender; quinine in the forenoon. Leech the tumor again.

22. No fever; tongue still coated; pulse 88; tumor easy; can handle it without pain. Leech it again to-day.

23d. No fever; tongue coated; pulse 88; some pain in the tumor. Leech again to-day, and use iodine ointment.

27th. Kitty not so well; pulse 100; tumor more painful, fuller, looks like rising—poultice.

28th. Pulse 88; tumor softening; poultice again.

29th. Pulse 88; opened the abscess in presence of Dr. Avent, and about a quart of thin matter ran out, affording much relief. Introduced a tent, and applied poultice again.

30th. Pulse 80 and feeble; abscess easy; looks quite well; orifice open.

Oct. 1st. Kitty is doing well; abscess still running; pulse 82. Appetite improves; countenance looks well.

3d. Kitty still improves, abscess open.

March, 1852. Kitty is well, and makes a hand out doors or in the house.—*Nashville Med. & Surg. Jour.*

On the Structure, Function and Disease of the Liver, and on the Action of Cholagogue Medicines.

BY C. HANDFIELD JONES, M. D., F. R. S.

(Communicated by Dr. Bence Jones, F. R. S.)

The author first described the minute structure of the liver, which consisted essentially of a mass of nucleated cells or celloid particles, usually more perfectly formed than the cells either of the salivary or renal glands, presenting a distinct nucleus, with a nucleolar spot, an exterior envelop, and an included mass of soft, semi-solid, albuminous substance, which commonly contained a few oily molecules. In addition to these, in well-nourished livers, were numerous free nuclei, imbedded in albuminous blastema, which exhibited various stages of progress towards the mature or perfect cell. The oily contents of the cells were subject to great variation, both in the same individual and in different classes of animals; the less perfect the type of the respiratory process, the greater the quantity of oily matter in the hepatic cells. The cells in their general mass constituted the hepatic parenchyma; this might be subdivided into smaller portions, called lobules, which were separated from each other more or less completely by fissures, the fissures themselves being continuous

with canals that ramified throughout the parenchyma, and which, from containing the portal vein and its associated vessels, had been termed portal canals. In reference to the mode of distribution of the vessels, originally so well expounded by M. Kiernan, the author remarked that he decidedly agreed with Theile, who denied the existence of the vaginal branches and plexus of the portal vein mentioned by M. Kiernan. The author quoted from a paper by Mr. Paget, who had described these vaginal plexus to be derived, not from the portal veins, but from the hepatic arteries, from which they were completely filled, when both arteries and veins were at the same time injected. The interlobular portal veins were therefore derived directly from the portal veins; and those which appeared to be vaginal branches of the portal vein were its internal roots, by which it received the blood which had served for the nutrition of the hepatic ducts and other vessels of the liver. After alluding to the mode of ramification of the hepatic artery, and the divisions of the hepatic ducts following the branches of the portal canal, the author referred to the relation which existed between the ultimate ducts and the cells constituting the parenchyma of the lobules. The prevalent opinion had been, that these cells were exactly homologous to the cells of the renal tubuli or salivary vesicles, like them growing on a free surface open to the exterior. Hence some anatomists had believed they had detected a basement membrane forming anastomosing tubes, constituting a true lobular biliary plexus. Others, unable to find a basement membrane, had described the ducts as continued into the parenchyma of the lobules, as channels without proper walls, mere intercellular passages. After referring to the researches and opinions of Weber, Müller, Professor Retzius, on the one side, and of Val Guillon, Gerlach, and Dr. Carpenter, on the other, the author stated that the views of Kölliker, who denied the existence of intercellular passages into the lobule, agreed very nearly with his (the author's,) and conceded his main position, that the cavity of the ducts was quite shut off from the cells of the lobules or their interspaces. The structure of the ultimate ducts, which the author had first discovered, was peculiar, and seemed to indicate strongly that they exerted active functions, and that they were something more than mere afferent canals. The injection of the duct, in the livers of pigs, by the double method, using separately saturated watery solutions of bichromate of potass and acetate of lead, exhibited an abundant yellow precipitate in the fissures; but in very few parts did it penetrate the lobules, which must have happened if there existed a lobular

greater purity of character, and a higher standard of moral excellence are required, than the medical; and to attain such eminence, is a duty every physician owes alike to his profession, and to his patients. It is due to the latter, as without it he cannot command their respect and confidence, and to both, because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent upon the faculty to be temperate in all things, for the practice of physic requires the unremitting exercise of a clear and vigorous understanding; and, on emergencies, for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head may be essential to the well-being, and even to the life, of a fellow creature.

§ 3. It is derogatory to the dignity of the profession, to resort to public advertisements or private cards or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or suffer such publications to be made—to invite laymen to be present at operations—to boast of cures and remedies—to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

§ 4. Equally derogatory to professional character is it, for a physician to hold a patent for any surgical instrument, or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself or of others. For if such *nostrum* be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality: and, if mystery alone give it value and importance, such craft implies either disgraceful ignorance, or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

ARTICLE II.

Professional Services of Physicians to each other.

§ 1. All practitioners of medicine, their wives, and their children, while under the paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them, whose assistance may be desired. A physician afflicted with disease is usually an incompetent judge of his own case; and the natural anxiety and solicitude which he experiences at

the sickness of a wife, a child, or any one who, by the ties of consanguinity, is rendered peculiarly dear to him, tend to obscure his judgment, and produce timidity and irresolution in his practice. Under such circumstances medical men are peculiarly dependent upon each other, and kind offices and professional aid should always be cheerfully and gratuitously afforded. Visits ought not, however, to be obtruded officiously, as such unasked civility may give rise to embarrassment, or interfere with that choice on which confidence depends. But if a distant member of the faculty, whose circumstances are affluent, request attendance, and an honorarium be offered, it should not be declined; for no pecuniary obligation ought to be imposed which the party receiving it would wish not to incur.

ARTICLE III.

Of the Duties of Physicians as respects Vicarious Offices.

§ 1. The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed, sometimes require him temporarily to withdraw from his duties to his patients, and to request some of his professional brethren to officiate for him. Compliance with this request is an act of courtesy which should always be performed with the utmost consideration for the interest and character of the family physician, and when exercised for a short period, all the pecuniary obligations for such service should be awarded to him. But if a member of the profession neglect his business in quest of pleasure and amusement, he cannot be considered as entitled to the advantages of the frequent and long-continued exercise of this fraternal courtesy, without awarding to the physician who officiates the fees arising from the discharge of his professional duties.

In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

ARTICLE IV.

Of the Duties of Physicians in regard to Consultations.

§ 1. A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual

to the exercise and honors of his profession. Nevertheless, as in consultations the good of the patient is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner, who has a license to practice from some medical board of known and acknowledged respectability, recognized by this association, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation, when it is requested by the patient. But no one can be considered as a regular practitioner, or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology and organic chemistry.

§ 2. In consultations, no rivalry or jealousy should be indulged; candor, probity, and all due respect should be exercised towards the physician having charge of the case.

§ 3. In consultations, the attending physician should be the first to propose the necessary questions to the sick; after which the consulting physician should have the opportunity to make such farther enquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place for deliberation; and the one first in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends, except in the presence of all the faculty attending, and by their common consent; and no *opinions* or *prognostications* should be delivered, which are not the result of previous deliberation and concurrence.

§ 4. In consultations, the physician in attendance should deliver his opinion first; and when there are several consulting, they should deliver their opinions in the order in which they have been called in. No decision, however, should restrain the attending physician from making such variations in the mode of treatment as any subsequent unexpected change in the character of the case may demand. But such variation, and the reasons for it, ought to be carefully detailed at the next meeting in consultation. The same privilege belongs also to the consulting physician, if he is sent for in an emergency, when the regular attendant is out of the way, and similar explanations must be made by him at the next consultation.

§ 5. The utmost punctuality should be observed in the visits of physicians when they are to hold consultation toge-

ther, and this is generally practicable, for society has been considerate enough to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinquishment of any present occupation. But, as professional engagements may sometimes interfere, and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will of course see the patient and prescribe; but if it be the consulting one, he should retire, except in case of emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient, and give his opinion in *writing* and *under seal*, to be delivered to his associate.

§ 6. In consultations, theoretical discussions should be avoided, as occasioning perplexity and loss of time. For there may be much diversity of opinion concerning speculative points, with perfect agreement in those modes of practice which are founded, not on hypothesis, but on experience and observation.

§ 7. All discussions in consultation should be held as secret and confidential. Neither by words nor manner should any of the parties to a consultation assert or insinuate that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants—they must equally share the credit of success as well as the blame of failure.

§ 8. Should an irreconcilable diversity of opinion occur when several physicians are called upon to consult together, the opinion of the majority should be considered as decisive; but if the numbers be equal on each side, then the decision should rest with the attending physician. It may, moreover, sometimes happen that two physicians cannot agree in their views of the nature of a case and the treatment to be pursued. This is a circumstance much to be deplored, and should always be avoided, if possible, by mutual concessions, as far as they can be justified by a conscientious regard for the dictates of judgment. But, in the event of its occurrence, a third physician should, if practicable, be called to act as umpire; and, if circumstances prevent the adoption of this course, it must be left to the patient to select the physician in whom he is most willing to confide. But, as every physician relies upon the rectitude of his judgment, he should, when left in the minority, politely and consistently retire from any further deliberation in the consultation, or participation in the management of the case.

§ 9. As circumstances sometimes occur to render a *special consultation* desirable, when the continued attendance of two physicians might be objectionable to the patient, the member of the faculty whose assistance is required in such cases, should sedulously guard against all future unsolicited attendance. As such consultations require an extraordinary portion both of time and attention, at least a double honorarium may be reasonably expected.

§ 10. A physician who is called upon to consult, should observe the most honorable and scrupulous regard for the character and standing of the practitioner in attendance; the practice of the latter, if necessary, should be justified as far as it can be consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out which could impair the confidence in him, or affect his reputation. The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities, which are too often practised by the dishonest for the base purpose of gaining applause or ingratiating themselves into the favor of families and individuals.

ARTICLE V.

Duties of Physicians in cases of Interference.

§ 1. Medicine is a liberal profession, and those admitted into its ranks should found their expectation of practice upon the extent of their qualifications, not on intrigue or artifice.

§ 2. A physician, in his intercourse with a patient under the care of another practitioner, should observe the strictest caution and reserve. No meddling enquiries should be made—no disingenuous hints given relative to the nature and treatment of his disorder; nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the physician employed.

§ 3. The same circumspection and reserve should be observed when, from motives of business or friendship, a physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided, except under peculiar circumstances; and when they are made, no particular enquiries should be instituted relative to the nature of the disease, or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

§ 4. A physician ought not to take charge of or prescribe for a patient who has recently been under the care of another

member of the faculty in the same illness, except in cases of sudden emergency, or in consultation with the physician previously in attendance, or when the latter has relinquished the case, or been regularly notified that his services are no longer desired. Under such circumstances, no unjust and illiberal insinuations should be thrown out in relation to the conduct or practice previously pursued, which should be justified as far as candor and regard for truth and probity will permit; for it often happens, that patients become dissatisfied when they do not experience immediate relief, and, as many diseases are naturally protracted, the want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge and skill.

§ 5. When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival.

§ 6. It often happens, in cases of sudden illness, or of recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for. Under these circumstances, courtesy should assign the patient to the first who arrives, who should select from those present any additional assistance that he may deem necessary. In all such cases, however, the practitioner who officiates, should request the family physician, if there be one, to be called, and, unless his further attendance be requested, should resign the case to the latter on his arrival.

§ 7. When a physician is called to the patient of another practitioner, in consequence of the sickness or absence of the latter, he ought, on the return or recovery of the regular attendant, and with the consent of the patient, to surrender the case.

§ 8. A physician, when visiting a sick person in the country, may be desired to see a neighboring patient who is under the regular direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give advice adapted to present circumstances; to interfere no farther than is absolutely necessary with the general plan of treatment; to assume no future direction, unless it be expressly desired; and, in this last case, to request an immediate consultation with the practitioner previously employed.

§ 9. A wealthy physician should not give advice *gratis* to the affluent; because his doing so is an injury to his professional brethren. The office of a physician can never be supported as an exclusively beneficent one; and it is defrauding,

will understand by the description, suggested itself to my mind as the only source of successful reduction. It was applied, and perfectly and satisfactorily fulfilled my expectations of it. The fracture never became displaced after its adaptation, and reunion was rapidly and permanently established in about twelve or fifteen days.

Some time after the occurrence of the above case, I had some curiosity to know whether such a fracture was of common occurrence, and consulted authorities on the subject of fractures of the lower jaw. I found, very much to my gratification, in vol. 2nd of Samuel Cooper's Surgery, in a note appended to page 364, the description of a case very nearly like the one above described. The note says:

"In a very bad double fracture of the jaw, which had remained ununited and displaced nearly three months under the care of other surgeons, my brother succeeded in restoring the fragments to their proper position by the use of a silver band placed in front of the teeth and fastened on both sides, as well as to the intercepted and loose portion of the jaw, by loops of wire twisted tightly around the teeth. Bandages and external dressings had all acted injuriously in this case, by forcing the fragment which was intercepted between the two fractures into the cavity of the mouth. Soon after, these were laid aside, and while the silver band was alone depended on, the fractured surfaces began to reunite, and in less than a month, the parts were perfectly consolidated."

August 16th, 1852.

Case of Retroversio Uteri—With Remarks.

BY JOHN HERBERT CLAIBORNE, M. D.

January 24, 1852. I was called to-day to see Catharine, a colored woman, aged 25, medium size, and, until a week or two since, of good general health. She is a married woman of correct habits, and has had one child, but some six years ago. For the last two terms her courses have failed to appear. I was summoned to see her on account of symptoms of retention of urine. She states that she has passed no water, except by drops, since to-day week ago—has had a difficulty in urinating for about a fortnight. Her bladder is very much distended, reaching nearly up to the umbilicus; she complains of intense suffering; her countenance is haggard; eye wild and delirious, and mind wandering.

The urgent indication was to relieve the bladder, and for this purpose I immediately introduced the ordinary female catheter of the pocket case and drew off some two quarts of burning, high colored, turbid urine, at once affording her the happiest relief.

I did not succeed in effecting this object, however, until I had passed the catheter up to the guards, discovering thereby great elongation of the urethra, and consequently suspecting a case of retroversion. A vaginal examination confirmed my suspicion. The womb had turned completely over. By passing one finger into the vagina and another into the rectum, its entire fundus could be compassed between the anterior wall of the latter and the posterior wall of the former.

I conceived it to be about the size of that organ when containing a fetus of some two months—and so firmly impacted in the pelvis did it appear, that the strongest pressure justified by prudence would not move it at all from its unnatural position. I placed the patient on her hands and knees, with her face resting on the bed and her hips elevated; and under these advantageous circumstances, with my fore finger in the rectum, I endeavoured to replace the womb. It apparently did not yield a line. I then desisted from all farther efforts. It was about 5 o'clock P. M. I ordered *ol. ricini* $\frac{3}{4}$ ii, to be followed after operation by *pulv. doveri*, grs. xx.

January 25, 10 o'clock, A. M.—Dr. Madison saw this case with me. The medicine had operated freely. The patient had had a good night's rest, and expressed herself "better." We introduced a long, elastic male catheter, and drew off about a quart of urine. On examination, the womb seemed to me to have ascended a little, but still resisted the best efforts in the most favorable position to return it. We concluded to desist from all further attempt.

What was to be done? Here was a case of complete retroversion, in at least the second month of pregnancy, the womb impacted in the pelvis and resisting all efforts to return it. If we left it in this situation, the fetus continuing to grow, pressure upon the surrounding parts would become greater and greater, ulcerations, fistulas, entire obstruction, and a host of sympathetic disorders would arise, and death inevitably ensue. Should we *force* it into position? No force that would not certainly bring on abortion—that would not, moreover, do such violence to the vagina, the bladder or the rectum, as to endanger life—would probably succeed. On consultation, we determined to secure a catheter in the bladder, to keep this organ empty, and thus remove all pressure from above; and placing the woman on her side, in complete rest,

serve on juries, to perform militia duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances, such professional services should always be cheerfully and freely accorded.

§ 4. It is the duty of physicians, who are frequent witnesses of the enormities committed by quackery, and the injury to health and even destruction of life caused by the use of quack medicines, to enlighten the public on these subjects, and to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and imposters. Physicians ought to use all the influence which they may possess, as professors in colleges of pharmacy, and by exercising their option in regard to the shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture and sale.

ARTICLE II.

Obligations of the Public to Physicians.

§ 1. The benefits accruing to the public, directly and indirectly, from the active and unwearied beneficence of the profession, are so numerous and important, that physicians are justly entitled to the utmost consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical qualifications—to make a proper discrimination between true science and the assumptions of ignorance and empiricism—to afford every encouragement and facility for the acquisition of medical education—and no longer to allow the statute books to exhibit the anomaly of exacting knowledge from physicians, under liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it.

Case of Inflammation of Ovaria.

BY S. B. ROBISON, M. D., OF RUTHERFORD COUNTY, TENNESSEE.

The following case is reported, partly for want of a better, and partly because I have not sought for a curious case to report, nor for one that I thought nobody had ever seen the like of before.

September 3d—was called to see Kitty, a negress belonging to Dr. J. W. Hoggart, and living at his quarter in this vicinity,

at night; found her complaining of pain all over the abdomen, and learned from the overseer that she had complained in the same way for about three days. She rather located the seat of the pain a little below and to the right of the umbilicus; and one of her female friends at the quarter, a little more knowing than the rest, had put an old blister plaster over that part. As she had no fever, I supposed she might have colic or something of the kind. I gave her a dose of morphia to give ease, and left her till morning.

4th. Visited her this morning; found her easier; blister had drawn some; still supposing the case did not amount to much, I gave her, or left for her 4 powders of cal. and Dover's powder, to be followed by oil in the evening. Heard nothing more from Kitty until the 7th: was then called to the same plantation to see a child; and as a matter of course, in passing among the cabins, called in to see Kitty, and found her with a high fever and great pain in the abdomen. I then made a closer examination than I had made, having become satisfied she was seriously ill, and was satisfied, after my examination, that she had inflammation of the right ovary, and so reported to the overseer, who rather thought she was possoming. As her fever was very high and the tongue much coated, I gave her 3 pills of calomel and rhubarb.

8th. The pills had acted well; the tongue is still very much coated and the fever high. By this time there was considerable tumor over the ovary; very tender; ordered leeches to the tumor, and got 30 of them to bite; dose of oil at night.

9th. Less fever; tongue still coated; apply iodine oint. over the tumor.

10th. No fever; tumor of less size.

11th. No fever; some pain higher up among the ribs. Give 2 gr. proto-iodide of mercury every day, and apply the ointment of iodine—dose of oil in the morning.

13th. Pulse 80; tongue still coated; no pain; tumor growing less; continue oint. and pills.

15th. Kitty is worse; high fever; pulse 100; tongue coated; great pain in tumor; give morphia to-night and leech her to-morrow.

16th. Leeches did not bite well; continue leeches and give blue mass to-night.

18th, M. Better; no fever; tumor rather less and not so painful; take pills, cal. and rhubarb, and oil to-night.

19th, M. Pulse 88; tongue pretty clean; not much pain; tumor less painful; a quinine pill every 2 hours till 4 are taken.

20th, M. Kitty is not so well this morning; walked about

too much yesterday; tongue more coated; pulse 80; mouth a little sore; tumor more tender; quinine in the forenoon. Leech the tumor again.

22. No fever; tongue still coated; pulse 88; tumor easy; can handle it without pain. Leech it again to-day.

23d. No fever; tongue coated; pulse 88; some pain in the tumor. Leech again to-day, and use iodine ointment.

27th. Kitty not so well; pulse 100; tumor more painful, fuller, looks like rising—poultice.

28th. Pulse 88; tumor softening; poultice again.

29th. Pulse 88; opened the abscess in presence of Dr. Avent, and about a quart of thin matter ran out, affording much relief. Introduced a tent, and applied poultice again.

30th. Pulse 80 and feeble; abscess easy; looks quite well; orifice open.

Oct. 1st. Kitty is doing well; abscess still running; pulse 82. Appetite improves; countenance looks well.

3d. Kitty still improves, abscess open.

March, 1852. Kitty is well, and makes a hand out doors or in the house.—*Nashville Med. & Surg. Jour.*

On the Structure, Function and Disease of the Liver, and on the Action of Cholagogue Medicines.

BY C. HANDFIELD JONES, M. D., F. R. S.

(Communicated by Dr. Bence Jones, F. R. S.)

The author first described the minute structure of the liver, which consisted essentially of a mass of nucleated cells or celloid particles, usually more perfectly formed than the cells either of the salivary or renal glands, presenting a distinct nucleus, with a nucleolar spot, an exterior envelop, and an included mass of soft, semi-solid, albuminous substance, which commonly contained a few oily molecules. In addition to these, in well-nourished livers, were numerous free nuclei, imbedded in albuminous blastema, which exhibited various stages of progress towards the mature or perfect cell. The oily contents of the cells were subject to great variation, both in the same individual and in different classes of animals; the less perfect the type of the respiratory process, the greater the quantity of oily matter in the hepatic cells. The cells in their general mass constituted the hepatic parenchyma; this might be subdivided into smaller portions, called lobules, which were separated from each other more or less completely by fissures, the fissures themselves being continuous

with canals that ramified throughout the parenchyma, and which, from containing the portal vein and its associated vessels, had been termed portal canals. In reference to the mode of distribution of the vessels, originally so well expounded by M. Kiernan, the author remarked that he decidedly agreed with Theile, who denied the existence of the vaginal branches and plexus of the portal vein mentioned by M. Kiernan. The author quoted from a paper by Mr. Paget, who had described these vaginal plexus to be derived, not from the portal veins, but from the hepatic arteries, from which they were completely filled, when both arteries and veins were at the same time injected. The interlobular portal veins were therefore derived directly from the portal veins; and those which appeared to be vaginal branches of the portal vein were its internal roots, by which it received the blood which had served for the nutrition of the hepatic ducts and other vessels of the liver. After alluding to the mode of ramification of the hepatic artery, and the divisions of the hepatic ducts following the branches of the portal canal, the author referred to the relation which existed between the ultimate ducts and the cells constituting the parenchyma of the lobules. The prevalent opinion had been, that these cells were exactly homologous to the cells of the renal tubuli or salivary vesicles, like them growing on a free surface open to the exterior. Hence some anatomists had believed they had detected a basement membrane forming anastomosing tubes, constituting a true lobular biliary plexus. Others, unable to find a basement membrane, had described the ducts as continued into the parenchyma of the lobules, as channels without proper walls, mere intercellular passages. After referring to the researches and opinions of Weber, Müller, Professor Retzius, on the one side, and of Val Guillon, Gerlach, and Dr. Carpenter, on the other, the author stated that the views of Kölliker, who denied the existence of intercellular passages into the lobule, agreed very nearly with his (the author's,) and conceded his main position, that the cavity of the ducts was quite shut off from the cells of the lobules or their interspaces. The structure of the ultimate ducts, which the author had first discovered, was peculiar, and seemed to indicate strongly that they exerted active functions, and that they were something more than mere afferent canals. The injection of the duct, in the livers of pigs, by the double method, using separately saturated watery solutions of bichromate of potass and acetate of lead, exhibited an abundant yellow precipitate in the fissures; but in very few parts did it penetrate the lobules, which must have happened if there existed a lobular

biliary plexus of intercellular passages. The author conceived, therefore, that the hepatic ducts did something more than merely carry out already elaborated bile. The ultimate ducts were far too small, and too sparingly distributed, to be able to take up the bile from so vast a mass of cells as that which constituted the parenchyma. If the ducts did not extend beyond the margins of the lobules, of which the author had no doubt, then the bile must be transmitted from cell to cell: or there was a march of cells outwards from the centre to the circumference; or else the bile, arriving at the margin of the lobules, was taken up by the ultimate ducts in some unknown way. The author thought such assumptions groundless and unnecessary; and that the pathological state of fatty liver, as well as the fatty liver occurring naturally in fishes, showed that the secretion of the parenchyma was not identical with that of the ducts, for the gall-bladder could hardly contain deep green bile, when the parenchyma was nought but a mass of oil. He concluded, then, that the parenchymal cells of the lobules did not merely secrete bile which was carried off unadulterated by the ducts, but that the cells secreted biliary material, or some of its components, which were not fully elaborated or formed into perfect bile, except by the action of the ultimate ducts. Proof was then offered that the hepatic cells did not ordinarily contain bile, although it was commonly held they did. He believed that to be a diseased or exceptional condition, not found in the hepatic cells of slaughtered or healthy animals. Furthermore, a yellow tint in the cells was no proof of the presence of bile; it showed merely the presence of pigment, and yellow pigment is found in the fat of some animals, quite independent of biliary secretion. Chemistry must be resorted to, to solve the question of the presence of bile in the hepatic cells. The author had made alcoholic extracts of the livers of different animals, and having evaporated to dryness, the residue, when dissolved in water, failed to show, by Pettenkötter's test, any reaction characteristic of the presence of the bile. The author, however, did not wish to express a positive opinion, but he thought that the received opinion had need of more direct evidence, before it could be regarded as proved. He then detailed the mode in which the morphological structure of the ultimate biliary duct fulfilled the function of secretion. The chemical changes which the ultimate ducts effected, might be conceived according to the hypothesis of Lehmann; and a summary of our present knowledge might stand as follows: Sugar, oil, and a yellow pigment were found in the parenchyma of the liver; bile is not found there, but in the ducts;

it is inferred, then, that the ducts, through their ultimate extreme portions, *make* the bile. The author next proceeded to detail some experiments made relative to the action of cholagogue medicines, the results of which led him to believe that mercury, muriate of manganese, and colchicum, were the only ones which seemed to increase the production of yellow pigmentary matter in the cells of the liver. They also increased the production of glyco-cholite and tauro-cholite of soda; but it had to be determined whether the quantity of these principles was always proportionate to the yellow pigment. It was clear that the cholagogue action of a medicine, its emulging effects on the ducts, was distinct from that which it excited in the production of biliary pigment. One very important effect of the administration of mercury on the liver, was noticed to be congestion of this organ; an argument rather forbidding the use of the remedy in inflammation of the substance of the liver, a plan otherwise recommended by analogical experience. The author then passed to the subject of diseases of the liver; the microscopic appearances of fatty liver were detailed, and the question, what constituted true fatty degeneration of the liver, discussed. Was it a simple increase in the quantity of oil naturally existing in the hepatic cells, or was it a further and more important change? He believed the latter. In the liver of animals artificially fed on oily food, and subsequently examined, the cells, as well as the intercellular substance, were loaded with oil-molecules: the accumulation of oil was equal everywhere. But in the morbid state of fatty degeneration, the oil-drops were not enclosed in distinct cells, but appeared to lie in an indistinct and granular, or semi-fibrous substratum. Another point of difference consisted in the absence of sugar in true fatty degeneration; while in the liver of an animal fed on oily food to produce a fatty liver, sugar could be detected. Another point of importance was the limitation of fatty degeneration to the margin of the lobules; it was not a mere accumulation of oil in the marginal cells, but a destruction of those cells: a liver thus affected presented the lobules marked out by a zone of opaque matter. No satisfactory explanation of this tendency of oil to accumulate in the marginal cells could be offered. Fatty degeneration of the liver might occur in very different diseases; it was by no means peculiar to phthisis. Reference was then made to the waxy liver of Rokitansky, with which the author was not sure that he was acquainted. Cirrhosis was then mentioned, and Rokitansky's description quoted, as also that of Dr. Budd, whose views expressed the opinion ordinarily received, but from which the author in some

degree dissented. The author believed that an unhealthy nutritive process was the essence of cirrhosis, and might be developed in one of three situations. 1. In the larger and moderate-sized portal canals, excluding only the smallest. 2. In these last, and in the fissures. 3. In the smaller canals and fissures, and in the substance of the lobules. The first form produced common *hobnail* liver; the second and third, the tough, firm, dense liver, sometimes termed brawny. The author considered cirrhosis to represent essentially a degenerative process, and to arise from the effusion of an unhealthy plasma, not only in the canals and fissures, where it induced unnatural increase, but also in the external part of the lobules, where it passed into a solid form, and constituted an unmorpho granular substance, compressing the capillaries and obstructing the secreting cells. The thickening and condensation of the fibrous tissue in the liver were thus not so much the effect of an inflammatory action, as of a low degenerative process, analogous to that which stiffened the valves of the heart and contracted the orifices; and which view the author thought was supported by the results exhibited in a table appended to the paper. The subject of jaundice next received attention. This was a disease that manifestly resulted from the conveyance into the blood of bile pigment, a constituent of the bile which was essentially excrementitious, and intended to be cast out with the fæcal matter. In many cases it existed only as retained excretion; in others it seemed to be formed in excessive quantity, as in the acute yellow atrophy of the liver. Yellow matter was often found in the central cells of the lobules, and, nevertheless, there was no jaundice. It should be borne in mind, that the yellow pigment, as it existed in the cells, did not evidence the presence of biliary matter, of cholic acid, or its conjugates. The yellow matter could be extracted by alcohol, and its characteristic reaction obtained by nitric acid, but Pettenkoffer's test decided against the presence of any organic biliary acid. The deep color of the urine in jaundice depended on the presence of bile pigment solely; no trace of cholic acid was discoverable. The author considered the majority of cases of jaundice to depend on the absorption into the blood, not of completely formed bile, but of one of its constituents only, the yellow pigment: and this might take place in one of three ways: 1, by a mechanical obstruction to the flow of bile into the intestine, through the ductus communis choledochus; 2, from inaction of the elaborating ducts; 3, with or without impairment of the action of the excretory ducts, when an increased quantity of yellow pigment was formed in the parenchyma of the liver.

[*London Lancet.*

THE
STETHOSCOPE,
AND
VIRGINIA MEDICAL GAZETTE.

VOL. II.

RICHMOND, VA., OCTOBER 1852.

NO. X.

Difficult Case of compound comminuted and complicated Fracture of Inferior Maxillary Bone.

BY J. M. SNYDER, M. D., OF ROMNEY, VA.

On the evening of the 17th of April last, Captain Richard Sloan was very violently kicked by a horse upon both the lower and upper jaw bones, on the right side of the face, fracturing the lower bone in the following manner:—The foot of the horse came in contact with the lower jaw bone in a horizontal direction, the Captain standing about the right distance from the horse to receive the full force of the blow, which occurred between the symphysis and right mental foramen, fracturing the bone in a most remarkable manner. The fracture extended in an oblique direction from the external surface of the jaw, at the first molar tooth internally, to the spina interna, without displacing any of the teeth, except, perhaps, a slight elevation of the cuspid tooth. The internal end of the fracture, involving a portion of the spina interna, was comminuted, and a small portion of it came away during the progress of the case, without causing much disturbance. Another fracture occurred between the lower edge of the coronoid process and the first molar tooth, and in the space of the attachment of the mylo-hyoideus muscle, which was distinctly transverse, and could be easily discovered by the very uneven form of the internal surface of the jaw and the distinct irregularity of the alveolar arch, as the bone was evidently not in “*situ naturali*.” This fracture was also comminuted, but no pieces of bone came away. The fracture

could be very readily, and with facility, reduced; but to retain it in its natural position coaptated, was found to be the great difficulty. The bandages in common use for such cases, and flat corks between the teeth, together with a covering of pasteboard adapted to the shape and made to fit the jaw, were used for a few days, but very unsatisfactorily—so much so, that I felt sure great deformity must ensue, if some more effectual method were not soon adopted to prevent motion and ensure permanent coaptation. The accident occurred in a large stable, upon a very hard, dry clay floor; and the force and violence of the blow, to use the expression of a gentleman who witnessed the accident, made him bounce from the floor, and when he struck the floor, the fall was distinctly audible in any part of the stable. This great severity of force produced a considerable degree of concussion and the usual concomitant symptoms, though not alarming in their character. The Captain recollected nothing of the accident, and only remembered having been in the stable with the horse. No abrasion of the facial integuments was discernible for some days, when a slight contusion was observed opposite the cuspid tooth, with slight ecchymosis. The superior maxillary bone was also fractured, but not extensively—three of the teeth, viz: two incisors and cuspid were forced from the alveolus, and the alveolus itself was crushed and comminuted to the extent of one and a half inches immediately above the anterior fracture of the lower jaw. The palatine plate was also implicated in the fracture, but no loss of substance occurred.

When called to the case, I found him suffering intense pain in the fractured part, which, upon examination, I found much swollen. I supposed the pain was of a neuralgic character, rather than the result of any inflammatory action, for the circulation had not as yet reacted, and it was now five or six hours after the accident had occurred. I presumed that the pain which he was then suffering, and which no doubt was kept up by the irritation caused by displacement of the fractured bones, would subside after the fracture was adjusted. This I found to be the case when the fractured ends were maintained in apposition.

About twenty hours after the accident, the system reacted powerfully, requiring depletory measures; vs. xxiv ounces; saline cathartics administered for a few days, together with spts. nit. d., and tart. ant. et potassa, and the antiphlogistic treatment generally, until the inflammatory symptoms subsided, when I proceeded to adjust the fracture in a more permanent manner.

I had made to order, by a silversmith, a thin silver plate half an inch in width and sufficiently long to reach from the posterior external part of the second molar tooth, on one side, to the same point on the other side, covering the symphysis in front, and perforated with very small holes the width of each tooth apart, and $\frac{1}{8}$ of an inch from the top of the plate. After flexing it to suit precisely the shape of the jaw, I applied it, and with the assistance of my friend, Dr. John Wilson of Burlington, succeeded in placing a very small silver wire around the tooth at each extremity of the plate, and drawing each end of the wire through the holes in the plate and through the small tubes of a double silver canula, twisted them until the bone was completely drawn to its normal position, from which it could not deviate in the slightest degree. Wires were also attached to some of the incisors, for the purpose of keeping the plate more permanently fixed. The plate being elastic, kept up a constant traction from within outwards, and thereby had a tendency to counteract and overcome the displacing action of the mylo-hyoideus, pterygoid and masseter muscles. The plate was permitted to remain upon the jaw about fifteen or eighteen days, when (the fracture being no longer a source of suffering or pain) it was removed. During the progress of the case, to correct foetor and encourage healthy action in the mouth, the solution of chloride of soda was constantly used with a very happy effect. The Captain suffered considerably with neuralgic pains of the legs, which, by proper treatment, ultimately subsided, and in thirty days he was discharged cured.

The points of interest in the above case seem to me to be these :

1st. The bone could not be retained in its natural situation by the usual method of bandaging, corks, &c., nor, with or without the corks, with Barton's bandage, on account of the strong displacing action of the sub-maxillary muscles; for as often as the fractured ends of the bone were coaptated, and the bandages and external dressings applied, so often were they displaced by the action of the mylo-hyoid and pterygoid muscles, together with the evident effect the bandage had of forcing the intermediate fragment into the cavity of the mouth.

2nd. There being both an oblique and transverse fracture very near each other, and a distinct natural irregularity in the arch of the teeth, rendered it impracticable to retain the fractured ends of the bone in apposition. It therefore became important that some more effectual method of reduction should be adopted, and the above described plate, which you

will understand by the description, suggested itself to my mind as the only source of successful reduction. It was applied, and perfectly and satisfactorily fulfilled my expectations of it. The fracture never became displaced after its adaptation, and reunion was rapidly and permanently established in about twelve or fifteen days.

Some time after the occurrence of the above case, I had some curiosity to know whether such a fracture was of common occurrence, and consulted authorities on the subject of fractures of the lower jaw. I found, very much to my gratification, in vol. 2nd of Samuel Cooper's Surgery, in a note appended to page 364, the description of a case very nearly like the one above described. The note says:

"In a very bad double fracture of the jaw, which had remained ununited and displaced nearly three months under the care of other surgeons, my brother succeeded in restoring the fragments to their proper position by the use of a silver band placed in front of the teeth and fastened on both sides, as well as to the intercepted and loose portion of the jaw, by loops of wire twisted tightly around the teeth. Bandages and external dressings had all acted injuriously in this case, by forcing the fragment which was intercepted between the two fractures into the cavity of the mouth. Soon after, these were laid aside, and while the silver band was alone depended on, the fractured surfaces began to reunite, and in less than a month, the parts were perfectly consolidated."

August 16th, 1852.

Case of Retroversio Uteri—With Remarks.

BY JOHN HERBERT CLAIBORNE, M. D.

January 24, 1852. I was called to-day to see Catharine, a colored woman, aged 25, medium size, and, until a week or two since, of good general health. She is a married woman of correct habits, and has had one child, but some six years ago. For the last two terms her courses have failed to appear. I was summoned to see her on account of symptoms of retention of urine. She states that she has passed no water, except by drops, since to-day week ago—has had a difficulty in urinating for about a fortnight. Her bladder is very much distended, reaching nearly up to the umbilicus; she complains of intense suffering; her countenance is haggard; eye wild and delirious, and mind wandering.

The urgent indication was to relieve the bladder, and for this purpose I immediately introduced the ordinary female catheter of the pocket case and drew off some two quarts of burning, high colored, turbid urine, at once affording her the happiest relief.

I did not succeed in effecting this object, however, until I had passed the catheter up to the guards, discovering thereby great elongation of the urethra, and consequently suspecting a case of retroversion. A vaginal examination confirmed my suspicion. The womb had turned completely over. By passing one finger into the vagina and another into the rectum, its entire fundus could be compassed between the anterior wall of the latter and the posterior wall of the former.

I conceived it to be about the size of that organ when containing a fetus of some two months—and so firmly impacted in the pelvis did it appear, that the strongest pressure justified by prudence would not move it at all from its unnatural position. I placed the patient on her hands and knees, with her face resting on the bed and her hips elevated; and under these advantageous circumstances, with my fore finger in the rectum, I endeavoured to replace the womb. It apparently did not yield a line. I then desisted from all farther efforts. It was about 5 o'clock P. M. I ordered *ol. ricini* ʒ ii, to be followed after operation by *pulv. doveri*, grs. xx.

January 25, 10 o'clock, A. M.—Dr. Madison saw this case with me. The medicine had operated freely. The patient had had a good night's rest, and expressed herself "better." We introduced a long, elastic male catheter, and drew off about a quart of urine. On examination, the womb seemed to me to have ascended a little, but still resisted the best efforts in the most favorable position to return it. We concluded to desist from all further attempt.

What was to be done? Here was a case of complete retroversion, in at least the second month of pregnancy, the womb impacted in the pelvis and resisting all efforts to return it. If we left it in this situation, the fetus continuing to grow, pressure upon the surrounding parts would become greater and greater, ulcerations, fistulas, entire obstruction, and a host of sympathetic disorders would arise, and death inevitably ensue. Should we *force* it into position? No force that would not certainly bring on abortion—that would not, moreover, do such violence to the vagina, the bladder or the rectum, as to endanger life—would probably succeed. On consultation, we determined to secure a catheter in the bladder, to keep this organ empty, and thus remove all pressure from above; and placing the woman on her side, in complete rest,

serve on juries, to perform militia duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances, such professional services should always be cheerfully and freely accorded.

§ 4. It is the duty of physicians, who are frequent witnesses of the enormities committed by quackery, and the injury to health and even destruction of life caused by the use of quack medicines, to enlighten the public on these subjects, and to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and imposters. Physicians ought to use all the influence which they may possess, as professors in colleges of pharmacy, and by exercising their option in regard to the shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture and sale.

ARTICLE II.

Obligations of the Public to Physicians.

§ 1. The benefits accruing to the public, directly and indirectly, from the active and unwearied beneficence of the profession, are so numerous and important, that physicians are justly entitled to the utmost consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical qualifications—to make a proper discrimination between true science and the assumptions of ignorance and empiricism—to afford every encouragement and facility for the acquisition of medical education—and no longer to allow the statute books to exhibit the anomaly of exacting knowledge from physicians, under liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it.

Case of Inflammation of Ovaria.

BY S. B. ROBISON, M. D., OF RUTHERFORD COUNTY, TENNESSEE.

The following case is reported, partly for want of a better, and partly because I have not sought for a curious case to report, nor for one that I thought nobody had ever seen the like of before.

September 3d—was called to see Kitty, a negress belonging to Dr. J. W. Hoggart, and living at his quarter in this vicinity,

at night ; found her complaining of pain all over the abdomen, and learned from the overseer that she had complained in the same way for about three days. She rather located the seat of the pain a little below and to the right of the umbilicus ; and one of her female friends at the quarter, a little more knowing than the rest, had put an old blister plaster over that part. As she had no fever, I supposed she might have colic or something of the kind. I gave her a dose of morphia to give ease, and left her till morning.

4th. Visited her this morning ; found her easier ; blister had drawn some ; still supposing the case did not amount to much, I gave her, or left for her 4 powders of cal. and Dover's powder, to be followed by oil in the evening. Heard nothing more from Kitty until the 7th : was then called to the same plantation to see a child ; and as a matter of course, in passing among the cabins, called in to see Kitty, and found her with a high fever and great pain in the abdomen. I then made a closer examination than I had made, having become satisfied she was seriously ill, and was satisfied, after my examination, that she had inflammation of the right ovary, and so reported to the overseer, who rather thought she was possoming. As her fever was very high and the tongue much coated, I gave her 3 pills of calomel and rhubarb.

8th. The pills had acted well ; the tongue is still very much coated and the fever high. By this time there was considerable tumor over the ovary ; very tender ; ordered leeches to the tumor, and got 30 of them to bite ; dose of oil at night.

9th. Less fever ; tongue still coated ; apply iodine oint. over the tumor.

10th. No fever ; tumor of less size.

11th. No fever ; some pain higher up among the ribs. Give 2 gr. proto-iodide of mercury every day, and apply the ointment of iodine—dose of oil in the morning.

13th. Pulse 80 ; tongue still coated ; no pain ; tumor growing less ; continue oint. and pills.

15th. Kitty is worse ; high fever ; pulse 100 ; tongue coated ; great pain in tumor ; give morphine to-night and leech her to-morrow.

16th. Leeches did not bite well ; continue leeches and give blue mass to-night.

18th, M. Better ; no fever ; tumor rather less and not so painful ; take pills, cal. and rhubarb, and oil to-night.

19th, M. Pulse 88 ; tongue pretty clean ; not much pain ; tumor less painful ; a quinine pill every 2 hours till 4 are taken.

20th, M. Kitty is not so well this morning ; walked about

too much yesterday; tongue more coated; pulse 80; mouth a little sore; tumor more tender; quinine in the forenoon. Leech the tumor again.

22. No fever; tongue still coated; pulse 88; tumor easy; can handle it without pain. Leech it again to-day.

23d. No fever; tongue coated; pulse 88; some pain in the tumor. Leech again to-day, and use iodine ointment.

27th. Kitty not so well; pulse 100; tumor more painful, fuller, looks like rising—poultice.

28th. Pulse 88; tumor softening; poultice again.

29th. Pulse 88; opened the abscess in presence of Dr. Avent, and about a quart of thin matter ran out, affording much relief. Introduced a tent, and applied poultice again.

30th. Pulse 80 and feeble; abscess easy; looks quite well; orifice open.

Oct. 1st. Kitty is doing well; abscess still running; pulse 82. Appetite improves; countenance looks well.

3d. Kitty still improves, abscess open.

March, 1852. Kitty is well, and makes a hand out doors or in the house.—*Nashville Med. & Surg. Jour.*

On the Structure, Function and Disease of the Liver, and on the Action of Cholagogue Medicines.

BY C. HANDFIELD JONES, M. D., F. R. S.

(Communicated by Dr. Bence Jones, F. R. S.)

The author first described the minute structure of the liver, which consisted essentially of a mass of nucleated cells or celloid particles, usually more perfectly formed than the cells either of the salivary or renal glands, presenting a distinct nucleus, with a nucleolar spot, an exterior envelop, and an included mass of soft, semi-solid, albuminous substance, which commonly contained a few oily molecules. In addition to these, in well-nourished livers, were numerous free nuclei, imbedded in albuminous blastema, which exhibited various stages of progress towards the mature or perfect cell. The oily contents of the cells were subject to great variation, both in the same individual and in different classes of animals; the less perfect the type of the respiratory process, the greater the quantity of oily matter in the hepatic cells. The cells in their general mass constituted the hepatic parenchyma; this might be subdivided into smaller portions, called lobules, which were separated from each other more or less completely by fissures, the fissures themselves being continuous

with canals that ramified throughout the parenchyma, and which, from containing the portal vein and its associated vessels, had been termed portal canals. In reference to the mode of distribution of the vessels, originally so well expounded by M. Kiernan, the author remarked that he decidedly agreed with Theile, who denied the existence of the vaginal branches and plexus of the portal vein mentioned by M. Kiernan. The author quoted from a paper by Mr. Paget, who had described these vaginal plexus to be derived, not from the portal veins, but from the hepatic arteries, from which they were completely filled, when both arteries and veins were at the same time injected. The interlobular portal veins were therefore derived directly from the portal veins; and those which appeared to be vaginal branches of the portal vein were its internal roots, by which it received the blood which had served for the nutrition of the hepatic ducts and other vessels of the liver. After alluding to the mode of ramification of the hepatic artery, and the divisions of the hepatic ducts following the branches of the portal canal, the author referred to the relation which existed between the ultimate ducts and the cells constituting the parenchyma of the lobules. The prevalent opinion had been, that these cells were exactly homologous to the cells of the renal tubuli or salivary vesicles, like them growing on a free surface open to the exterior. Hence some anatomists had believed they had detected a basement membrane forming anastomosing tubes, constituting a true lobular biliary plexus. Others, unable to find a basement membrane, had described the ducts as continued into the parenchyma of the lobules, as channels without proper walls, mere intercellular passages. After referring to the researches and opinions of Weber, Müller, Professor Retzius, on the one side, and of Val Guillon, Gerlach, and Dr. Carpenter, on the other, the author stated that the views of Kölliker, who denied the existence of intercellular passages into the lobule, agreed very nearly with his (the author's,) and conceded his main position, that the cavity of the ducts was quite shut off from the cells of the lobules or their interspaces. The structure of the ultimate ducts, which the author had first discovered, was peculiar, and seemed to indicate strongly that they exerted active functions, and that they were something more than mere afferent canals. The injection of the duct, in the livers of pigs, by the double method, using separately saturated watery solutions of bichromate of potass and acetate of lead, exhibited an abundant yellow precipitate in the fissures; but in very few parts did it penetrate the lobules, which must have happened if there existed a lobular

biliary plexus of intercellular passages. The author conceived, therefore, that the hepatic ducts did something more than merely carry out already elaborated bile. The ultimate ducts were far too small, and too sparingly distributed, to be able to take up the bile from so vast a mass of cells as that which constituted the parenchyma. If the ducts did not extend beyond the margins of the lobules, of which the author had no doubt, then the bile must be transmitted from cell to cell: or there was a march of cells outwards from the centre to the circumference; or else the bile, arriving at the margin of the lobules, was taken up by the ultimate ducts in some unknown way. The author thought such assumptions groundless and unnecessary; and that the pathological state of fatty liver, as well as the fatty liver occurring naturally in fishes, showed that the secretion of the parenchyma was not identical with that of the ducts, for the gall-bladder could hardly contain deep green bile, when the parenchyma was nought but a mass of oil. He concluded, then, that the parenchymal cells of the lobules did not merely secrete bile which was carried off unadulterated by the ducts, but that the cells secreted biliary material, or some of its components, which were not fully elaborated or formed into perfect bile, except by the action of the ultimate ducts. Proof was then offered that the hepatic cells did not ordinarily contain bile, although it was commonly held they did. He believed that to be a diseased or exceptional condition, not found in the hepatic cells of slaughtered or healthy animals. Furthermore, a yellow tint in the cells was no proof of the presence of bile; it showed merely the presence of pigment, and yellow pigment is found in the fat of some animals, quite independent of biliary secretion. Chemistry must be resorted to, to solve the question of the presence of bile in the hepatic cells. The author had made alcoholic extracts of the livers of different animals, and having evaporated to dryness, the residue, when dissolved in water, failed to show, by Pettenkötter's test, any reaction characteristic of the presence of the bile. The author, however, did not wish to express a positive opinion, but he thought that the received opinion had need of more direct evidence, before it could be regarded as proved. He then detailed the mode in which the morphological structure of the ultimate biliary duct fulfilled the function of secretion. The chemical changes which the ultimate ducts effected, might be conceived according to the hypothesis of Lehmann; and a summary of our present knowledge might stand as follows: Sugar, oil, and a yellow pigment were found in the parenchyma of the liver; bile is not found there, but in the ducts;

it is inferred, then, that the ducts, through their ultimate extreme portions, *make* the bile. The author next proceeded to detail some experiments made relative to the action of cholagogue medicines, the results of which led him to believe that mercury, muriate of manganese, and colchicum, were the only ones which seemed to increase the production of yellow pigmentary matter in the cells of the liver. They also increased the production of glyco-cholite and tauro-cholite of soda; but it had to be determined whether the quantity of these principles was always proportionate to the yellow pigment. It was clear that the cholagogue action of a medicine, its emulging effects on the ducts, was distinct from that which it excited in the production of biliary pigment. One very important effect of the administration of mercury on the liver, was noticed to be congestion of this organ; an argument rather forbidding the use of the remedy in inflammation of the substance of the liver, a plan otherwise recommended by analogical experience. The author then passed to the subject of diseases of the liver; the microscopic appearances of fatty liver were detailed, and the question, what constituted true fatty degeneration of the liver, discussed. Was it a simple increase in the quantity of oil naturally existing in the hepatic cells, or was it a further and more important change? He believed the latter. In the liver of animals artificially fed on oily food, and subsequently examined, the cells, as well as the intercellular substance, were loaded with oil-molecules: the accumulation of oil was equal everywhere. But in the morbid state of fatty degeneration, the oil-drops were not enclosed in distinct cells, but appeared to lie in an indistinct and granular, or semi-fibrous substratum. Another point of difference consisted in the absence of sugar in true fatty degeneration; while in the liver of an animal fed on oily food to produce a fatty liver, sugar could be detected. Another point of importance was the limitation of fatty degeneration to the margin of the lobules; it was not a mere accumulation of oil in the marginal cells, but a destruction of those cells: a liver thus affected presented the lobules marked out by a zone of opaque matter. No satisfactory explanation of this tendency of oil to accumulate in the marginal cells could be offered. Fatty degeneration of the liver might occur in very different diseases; it was by no means peculiar to phthisis. Reference was then made to the waxy liver of Rokitansky, with which the author was not sure that he was acquainted. Cirrhosis was then mentioned, and Rokitansky's description quoted, as also that of Dr. Budd, whose views expressed the opinion ordinarily received, but from which the author in some

degree dissented. The author believed that an unhealthy nutritive process was the essence of cirrhosis, and might be developed in one of three situations. 1. In the larger and moderate-sized portal canals, excluding only the smallest. 2 In these last, and in the fissures. 3. In the smaller canals and fissures, and in the substance of the lobules. The first form produced common *hobnail* liver; the second and third, the tough, firm, dense liver, sometimes termed brawny. The author considered cirrhosis to represent essentially a degenerative process, and to arise from the effusion of an unhealthy plasma, not only in the canals and fissures, where it induced unnatural increase, but also in the external part of the lobules, where it passed into a solid form, and constituted an unmorpho granular substance, compressing the capillaries and obstructing the secreting cells. The thickening and condensation of the fibrous tissue in the liver were thus not so much the effect of an inflammatory action, as of a low degenerative process, analogous to that which stiffened the valves of the heart and contracted the orifices; and which view the author thought was supported by the results exhibited in a table appended to the paper. The subject of jaundice next received attention. This was a disease that manifestly resulted from the conveyance into the blood of bile pigment, a constituent of the bile which was essentially excrementitious, and intended to be cast out with the fæcal matter. In many cases it existed only as retained excretion; in others it seemed to be formed in excessive quantity, as in the acute yellow atrophy of the liver. Yellow matter was often found in the central cells of the lobules, and, nevertheless, there was no jaundice. It should be borne in mind, that the yellow pigment, as it existed in the cells, did not evidence the presence of biliary matter, of cholic acid, or its conjugates. The yellow matter could be extracted by alcohol, and its characteristic reaction obtained by nitric acid, but Pettenkøffer's test decided against the presence of any organic biliary acid. The deep color of the urine in jaundice depended on the presence of bile pigment solely; no trace of cholic acid was discoverable. The author considered the majority of cases of jaundice to depend on the absorption into the blood, not of completely formed bile, but of one of its constituents only, the yellow pigment: and this might take place in one of three ways: 1, by a mechanical obstruction to the flow of bile into the intestine, through the ductus communis choledochus; 2, from inaction of the elaborating ducts; 3, with or without impairment of the action of the excretory ducts, when an increased quantity of yellow pigment was formed in the parenchyma of the liver.

[*London Lancet.*

THE
STETHOSCOPE,

AND

VIRGINIA MEDICAL GAZETTE.

VOL. II.

RICHMOND, VA., OCTOBER 1852.

NO. X.

Difficult Case of compound comminuted and complicated Fracture of Inferior Maxillary Bone.

BY J. M. SNYDER, M. D., OF ROMNEY, VA.

On the evening of the 17th of April last, Captain Richard Sloan was very violently kicked by a horse upon both the lower and upper jaw bones, on the right side of the face, fracturing the lower bone in the following manner:—The foot of the horse came in contact with the lower jaw bone in a horizontal direction, the Captain standing about the right distance from the horse to receive the full force of the blow, which occurred between the symphysis and right mental foramen, fracturing the bone in a most remarkable manner. The fracture extended in an oblique direction from the external surface of the jaw, at the first molar tooth internally, to the spina interna, without displacing any of the teeth, except, perhaps, a slight elevation of the cuspid tooth. The internal end of the fracture, involving a portion of the spina interna, was comminuted, and a small portion of it came away during the progress of the case, without causing much disturbance. Another fracture occurred between the lower edge of the coronoid process and the first molar tooth, and in the space of the attachment of the mylo-hyoideus muscle, which was distinctly transverse, and could be easily discovered by the very uneven form of the internal surface of the jaw and the distinct irregularity of the alveolar arch, as the bone was evidently not in “*situ naturali*.” This fracture was also comminuted, but no pieces of bone came away. The fracture

could be very readily, and with facility, reduced; but to retain it in its natural position coaptated, was found to be the great difficulty. The bandages in common use for such cases, and flat corks between the teeth, together with a covering of pasteboard adapted to the shape and made to fit the jaw, were used for a few days, but very unsatisfactorily—so much so, that I felt sure great deformity must ensue, if some more effectual method were not soon adopted to prevent motion and ensure permanent coaptation. The accident occurred in a large stable, upon a very hard, dry clay floor; and the force and violence of the blow, to use the expression of a gentleman who witnessed the accident, made him bounce from the floor, and when he struck the floor, the fall was distinctly audible in any part of the stable. This great severity of force produced a considerable degree of concussion and the usual concomitant symptoms, though not alarming in their character. The Captain recollected nothing of the accident, and only remembered having been in the stable with the horse. No abrasion of the facial integuments was discernible for some days, when a slight contusion was observed opposite the cuspid tooth, with slight ecchymosis. The superior maxillary bone was also fractured, but not extensively—three of the teeth, viz: two incisors and cuspid were forced from the alveolus, and the alveolus itself was crushed and comminuted to the extent of one and a half inches immediately above the anterior fracture of the lower jaw. The palatine plate was also implicated in the fracture, but no loss of substance occurred.

When called to the case, I found him suffering intense pain in the fractured part, which, upon examination, I found much swollen. I supposed the pain was of a neuralgic character, rather than the result of any inflammatory action, for the circulation had not as yet reacted, and it was now five or six hours after the accident had occurred. I presumed that the pain which he was then suffering, and which no doubt was kept up by the irritation caused by displacement of the fractured bones, would subside after the fracture was adjusted. This I found to be the case when the fractured ends were maintained in apposition.

About twenty hours after the accident, the system reacted powerfully, requiring depletory measures; vs. xxiv ounces; saline cathartics administered for a few days, together with spts. nit. d., and tart. ant. et potassa, and the antiphlogistic treatment generally, until the inflammatory symptoms subsided, when I proceeded to adjust the fracture in a more permanent manner.

I had made to order, by a silversmith, a thin silver plate half an inch in width and sufficiently long to reach from the posterior external part of the second molar tooth, on one side, to the same point on the other side, covering the symphysis in front, and perforated with very small holes the width of each tooth apart, and $\frac{1}{8}$ of an inch from the top of the plate. After flexing it to suit precisely the shape of the jaw, I applied it, and with the assistance of my friend, Dr. John Wilson of Burlington, succeeded in placing a very small silver wire around the tooth at each extremity of the plate, and drawing each end of the wire through the holes in the plate and through the small tubes of a double silver canula, twisted them until the bone was completely drawn to its normal position, from which it could not deviate in the slightest degree. Wires were also attached to some of the incisors, for the purpose of keeping the plate more permanently fixed. The plate being elastic, kept up a constant traction from within outwards, and thereby had a tendency to counteract and overcome the displacing action of the mylo-hyoideus, pterygoid and masseter muscles. The plate was permitted to remain upon the jaw about fifteen or eighteen days, when (the fracture being no longer a source of suffering or pain) it was removed. During the progress of the case, to correct foetor and encourage healthy action in the mouth, the solution of chloride of soda was constantly used with a very happy effect. The Captain suffered considerably with neuralgic pains of the legs, which, by proper treatment, ultimately subsided, and in thirty days he was discharged cured.

The points of interest in the above case seem to me to be these:

1st. The bone could not be retained in its natural situation by the usual method of bandaging, corks, &c., nor, with or without the corks, with Barton's bandage, on account of the strong displacing action of the sub-maxillary muscles; for as often as the fractured ends of the bone were coaptated, and the bandages and external dressings applied, so often were they displaced by the action of the mylo-hyoid and pterygoid muscles, together with the evident effect the bandage had of forcing the intermediate fragment into the cavity of the mouth.

2nd. There being both an oblique and transverse fracture very near each other, and a distinct natural irregularity in the arch of the teeth, rendered it impracticable to retain the fractured ends of the bone in apposition. It therefore became important that some more effectual method of reduction should be adopted, and the above described plate, which you

serve on juries, to perform militia duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances, such professional services should always be cheerfully and freely accorded.

§ 4. It is the duty of physicians, who are frequent witnesses of the enormities committed by quackery, and the injury to health and even destruction of life caused by the use of quack medicines, to enlighten the public on these subjects, and to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and imposters. Physicians ought to use all the influence which they may possess, as professors in colleges of pharmacy, and by exercising their option in regard to the shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture and sale.

ARTICLE II.

Obligations of the Public to Physicians.

§ 1. The benefits accruing to the public, directly and indirectly, from the active and unwearied beneficence of the profession, are so numerous and important, that physicians are justly entitled to the utmost consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical qualifications—to make a proper discrimination between true science and the assumptions of ignorance and empiricism—to afford every encouragement and facility for the acquisition of medical education—and no longer to allow the statute books to exhibit the anomaly of exacting knowledge from physicians, under liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it.

Case of Inflammation of Ovaria.

BY S. B. ROBISON, M. D., OF RUTHERFORD COUNTY, TENNESSEE.

The following case is reported, partly for want of a better, and partly because I have not sought for a curious case to report, nor for one that I thought nobody had ever seen the like of before.

September 3d—was called to see Kitty, a negress belonging to Dr. J. W. Hoggart, and living at his quarter in this vicinity,

at night ; found her complaining of pain all over the abdomen, and learned from the overseer that she had complained in the same way for about three days. She rather located the seat of the pain a little below and to the right of the umbilicus ; and one of her female friends at the quarter, a little more knowing than the rest, had put an old blister plaster over that part. As she had no fever, I supposed she might have colic or something of the kind. I gave her a dose of morphia to give ease, and left her till morning.

4th. Visited her this morning ; found her easier ; blister had drawn some ; still supposing the case did not amount to much, I gave her, or left for her 4 powders of cal. and Dover's powder, to be followed by oil in the evening. Heard nothing more from Kitty until the 7th : was then called to the same plantation to see a child ; and as a matter of course, in passing among the cabins, called in to see Kitty, and found her with a high fever and great pain in the abdomen. I then made a closer examination than I had made, having become satisfied she was seriously ill, and was satisfied, after my examination, that she had inflammation of the right ovary, and so reported to the overseer, who rather thought she was possoming. As her fever was very high and the tongue much coated, I gave her 3 pills of calomel and rhubarb.

8th. The pills had acted well ; the tongue is still very much coated and the fever high. By this time there was considerable tumor over the ovary ; very tender ; ordered leeches to the tumor, and got 30 of them to bite ; dose of oil at night.

9th. Less fever ; tongue still coated ; apply iodine oint. over the tumor.

10th. No fever ; tumor of less size.

11th. No fever ; some pain higher up among the ribs. Give 2 gr. proto-iodide of mercury every day, and apply the ointment of iodine—dose of oil in the morning.

13th. Pulse 80 ; tongue still coated ; no pain ; tumor growing less ; continue oint. and pills.

15th. Kitty is worse ; high fever ; pulse 100 ; tongue coated ; great pain in tumor ; give morphine to-night and leech her to-morrow.

16th. Leeches did not bite well ; continue leeches and give blue mass to-night.

18th, M. Better ; no fever ; tumor rather less and not so painful ; take pills, cal. and rhubarb, and oil to-night.

19th, M. Pulse 88 ; tongue pretty clean ; not much pain ; tumor less painful ; a quinine pill every 2 hours till 4 are taken.

20th, M. Kitty is not so well this morning ; walked about

too much yesterday; tongue more coated; pulse 80; mouth a little sore; tumor more tender; quinine in the forenoon. Leech the tumor again.

22. No fever; tongue still coated; pulse 88; tumor easy; can handle it without pain. Leech it again to-day.

23d. No fever; tongue coated; pulse 88; some pain in the tumor. Leech again to-day, and use iodine ointment.

27th. Kitty not so well; pulse 100; tumor more painful, fuller, looks like rising—poultice.

28th. Pulse 88; tumor softening; poultice again.

29th. Pulse 88; opened the abscess in presence of Dr. Avent, and about a quart of thin matter ran out, affording much relief. Introduced a tent, and applied poultice again.

30th. Pulse 80 and feeble; abscess easy; looks quite well; orifice open.

Oct. 1st. Kitty is doing well; abscess still running; pulse 82. Appetite improves; countenance looks well.

3d. Kitty still improves, abscess open.

March, 1852. Kitty is well, and makes a hand out doors or in the house.—*Nashville Med. & Surg. Jour.*

On the Structure, Function and Disease of the Liver, and on the Action of Cholagogue Medicines.

BY C. HANDFIELD JONES, M. D., F. R. S.

(Communicated by Dr. Bence Jones, F. R. S.)

The author first described the minute structure of the liver, which consisted essentially of a mass of nucleated cells or celloid particles, usually more perfectly formed than the cells either of the salivary or renal glands, presenting a distinct nucleus, with a nucleolar spot, an exterior envelop, and an included mass of soft, semi-solid, albuminous substance, which commonly contained a few oily molecules. In addition to these, in well-nourished livers, were numerous free nuclei, imbedded in albuminous blastema, which exhibited various stages of progress towards the mature or perfect cell. The oily contents of the cells were subject to great variation, both in the same individual and in different classes of animals; the less perfect the type of the respiratory process, the greater the quantity of oily matter in the hepatic cells. The cells in their general mass constituted the hepatic parenchyma; this might be subdivided into smaller portions, called lobules, which were separated from each other more or less completely by fissures, the fissures themselves being continuous

with canals that ramified throughout the parenchyma, and which, from containing the portal vein and its associated vessels, had been termed portal canals. In reference to the mode of distribution of the vessels, originally so well expounded by M. Kiernan, the author remarked that he decidedly agreed with Theile, who denied the existence of the vaginal branches and plexus of the portal vein mentioned by M. Kiernan. The author quoted from a paper by Mr. Paget, who had described these vaginal plexus to be derived, not from the portal veins, but from the hepatic arteries, from which they were completely filled, when both arteries and veins were at the same time injected. The interlobular portal veins were therefore derived directly from the portal veins; and those which appeared to be vaginal branches of the portal vein were its internal roots, by which it received the blood which had served for the nutrition of the hepatic ducts and other vessels of the liver. After alluding to the mode of ramification of the hepatic artery, and the divisions of the hepatic ducts following the branches of the portal canal, the author referred to the relation which existed between the ultimate ducts and the cells constituting the parenchyma of the lobules. The prevalent opinion had been, that these cells were exactly homologous to the cells of the renal tubuli or salivary vesicles, like them growing on a free surface open to the exterior. Hence some anatomists had believed they had detected a basement membrane forming anastomosing tubes, constituting a true lobular biliary plexus. Others, unable to find a basement membrane, had described the ducts as continued into the parenchyma of the lobules, as channels without proper walls, mere intercellular passages. After referring to the researches and opinions of Weber, Müller, Professor Retzius, on the one side, and of Val Guillon, Gerlach, and Dr. Carpenter, on the other, the author stated that the views of Kölliker, who denied the existence of intercellular passages into the lobule, agreed very nearly with his (the author's,) and conceded his main position, that the cavity of the ducts was quite shut off from the cells of the lobules or their interspaces. The structure of the ultimate ducts, which the author had first discovered, was peculiar, and seemed to indicate strongly that they exerted active functions, and that they were something more than mere afferent canals. The injection of the duct, in the livers of pigs, by the double method, using separately saturated watery solutions of bichromate of potass and acetate of lead, exhibited an abundant yellow precipitate in the fissures; but in very few parts did it penetrate the lobules, which must have happened if there existed a lobular

biliary plexus of intercellular passages. The author conceived, therefore, that the hepatic ducts did something more than merely carry out already elaborated bile. The ultimate ducts were far too small, and too sparingly distributed, to be able to take up the bile from so vast a mass of cells as that which constituted the parenchyma. If the ducts did not extend beyond the margins of the lobules, of which the author had no doubt, then the bile must be transmitted from cell to cell: or there was a march of cells outwards from the centre to the circumference; or else the bile, arriving at the margin of the lobules, was taken up by the ultimate ducts in some unknown way. The author thought such assumptions groundless and unnecessary; and that the pathological state of fatty liver, as well as the fatty liver occurring naturally in fishes, showed that the secretion of the parenchyma was not identical with that of the ducts, for the gall-bladder could hardly contain deep green bile, when the parenchyma was nought but a mass of oil. He concluded, then, that the parenchymal cells of the lobules did not merely secrete bile which was carried off unadulterated by the ducts, but that the cells secreted biliary material, or some of its components, which were not fully elaborated or formed into perfect bile, except by the action of the ultimate ducts. Proof was then offered that the hepatic cells did not ordinarily contain bile, although it was commonly held they did. He believed that to be a diseased or exceptional condition, not found in the hepatic cells of slaughtered or healthy animals. Furthermore, a yellow tint in the cells was no proof of the presence of bile; it showed merely the presence of pigment, and yellow pigment is found in the fat of some animals, quite independent of biliary secretion. Chemistry must be resorted to, to solve the question of the presence of bile in the hepatic cells. The author had made alcoholic extracts of the livers of different animals, and having evaporated to dryness, the residue, when dissolved in water, failed to show, by Pettenkötter's test, any reaction characteristic of the presence of the bile. The author, however, did not wish to express a positive opinion, but he thought that the received opinion had need of more direct evidence, before it could be regarded as proved. He then detailed the mode in which the morphological structure of the ultimate biliary duct fulfilled the function of secretion. The chemical changes which the ultimate ducts effected, might be conceived according to the hypothesis of Lehmann; and a summary of our present knowledge might stand as follows: Sugar, oil, and a yellow pigment were found in the parenchyma of the liver; bile is not found there, but in the ducts;

it is inferred, then, that the ducts, through their ultimate extreme portions, *make* the bile. The author next proceeded to detail some experiments made relative to the action of cholagogue medicines, the results of which led him to believe that mercury, muriate of manganese, and colchicum, were the only ones which seemed to increase the production of yellow pigmentary matter in the cells of the liver. They also increased the production of glyco-cholite and tauro-cholite of soda; but it had to be determined whether the quantity of these principles was always proportionate to the yellow pigment. It was clear that the cholagogue action of a medicine, its emulging effects on the ducts, was distinct from that which it excited in the production of biliary pigment. One very important effect of the administration of mercury on the liver, was noticed to be congestion of this organ; an argument rather forbidding the use of the remedy in inflammation of the substance of the liver, a plan otherwise recommended by analogical experience. The author then passed to the subject of diseases of the liver; the microscopic appearances of fatty liver were detailed, and the question, what constituted true fatty degeneration of the liver, discussed. Was it a simple increase in the quantity of oil naturally existing in the hepatic cells, or was it a further and more important change? He believed the latter. In the liver of animals artificially fed on oily food, and subsequently examined, the cells, as well as the intercellular substance, were loaded with oil-molecules: the accumulation of oil was equal everywhere. But in the morbid state of fatty degeneration, the oil-drops were not enclosed in distinct cells, but appeared to lie in an indistinct and granular, or semi-fibrous substratum. Another point of difference consisted in the absence of sugar in true fatty degeneration; while in the liver of an animal fed on oily food to produce a fatty liver, sugar could be detected. Another point of importance was the limitation of fatty degeneration to the margin of the lobules; it was not a mere accumulation of oil in the marginal cells, but a destruction of those cells: a liver thus affected presented the lobules marked out by a zone of opaque matter. No satisfactory explanation of this tendency of oil to accumulate in the marginal cells could be offered. Fatty degeneration of the liver might occur in very different diseases; it was by no means peculiar to phthisis. Reference was then made to the waxy liver of Rokitansky, with which the author was not sure that he was acquainted. Cirrhosis was then mentioned, and Rokitansky's description quoted, as also that of Dr. Budd, whose views expressed the opinion ordinarily received, but from which the author in some

degree dissented. The author believed that an unhealthy nutritive process was the essence of cirrhosis, and might be developed in one of three situations. 1. In the larger and moderate-sized portal canals, excluding only the smallest. 2. In these last, and in the fissures. 3. In the smaller canals and fissures, and in the substance of the lobules. The first form produced common *hobnail* liver; the second and third, the tough, firm, dense liver, sometimes termed brawny. The author considered cirrhosis to represent essentially a degenerative process, and to arise from the effusion of an unhealthy plasma, not only in the canals and fissures, where it induced unnatural increase, but also in the external part of the lobules, where it passed into a solid form, and constituted an unmorpho granular substance, compressing the capillaries and obstructing the secreting cells. The thickening and condensation of the fibrous tissue in the liver were thus not so much the effect of an inflammatory action, as of a low degenerative process, analogous to that which stiffened the valves of the heart and contracted the orifices; and which view the author thought was supported by the results exhibited in a table appended to the paper. The subject of jaundice next received attention. This was a disease that manifestly resulted from the conveyance into the blood of bile pigment, a constituent of the bile which was essentially excrementitious, and intended to be cast out with the fæcal matter. In many cases it existed only as retained excretion; in others it seemed to be formed in excessive quantity, as in the acute yellow atrophy of the liver. Yellow matter was often found in the central cells of the lobules, and, nevertheless, there was no jaundice. It should be borne in mind, that the yellow pigment, as it existed in the cells, did not evidence the presence of biliary matter, of cholic acid, or its conjugates. The yellow matter could be extracted by alcohol, and its characteristic reaction obtained by nitric acid, but Pettenkøffer's test decided against the presence of any organic biliary acid. The deep color of the urine in jaundice depended on the presence of bile pigment solely; no trace of cholic acid was discoverable. The author considered the majority of cases of jaundice to depend on the absorption into the blood, not of completely formed bile, but of one of its constituents only, the yellow pigment: and this might take place in one of three ways: 1, by a mechanical obstruction to the flow of bile into the intestine, through the ductus communis choledochus; 2, from inaction of the elaborating ducts; 3, with or without impairment of the action of the excretory ducts, when an increased quantity of yellow pigment was formed in the parenchyma of the liver.

[*London Lancet.*

THE
STETHOSCOPE,
AND
VIRGINIA MEDICAL GAZETTE.

VOL. II.

RICHMOND, VA., OCTOBER 1852.

NO. X.

Difficult Case of compound comminuted and complicated Fracture of Inferior Maxillary Bone.

BY J. M. SNYDER, M. D., OF ROMNEY, VA.

On the evening of the 17th of April last, Captain Richard Sloan was very violently kicked by a horse upon both the lower and upper jaw bones, on the right side of the face, fracturing the lower bone in the following manner:—The foot of the horse came in contact with the lower jaw bone in a horizontal direction, the Captain standing about the right distance from the horse to receive the full force of the blow, which occurred between the symphysis and right mental foramen, fracturing the bone in a most remarkable manner. The fracture extended in an oblique direction from the external surface of the jaw, at the first molar tooth internally, to the spina interna, without displacing any of the teeth, except, perhaps, a slight elevation of the cuspid tooth. The internal end of the fracture, involving a portion of the spina interna, was comminuted, and a small portion of it came away during the progress of the case, without causing much disturbance. Another fracture occurred between the lower edge of the coronoid process and the first molar tooth, and in the space of the attachment of the mylo-hyoideus muscle, which was distinctly transverse, and could be easily discovered by the very uneven form of the internal surface of the jaw and the distinct irregularity of the alveolar arch, as the bone was evidently not in “*situ naturali*.” This fracture was also comminuted, but no pieces of bone came away. The fracture

could be very readily, and with facility, reduced; but to retain it in its natural position coaptated, was found to be the great difficulty. The bandages in common use for such cases, and flat corks between the teeth, together with a covering of pasteboard adapted to the shape and made to fit the jaw, were used for a few days, but very unsatisfactorily—so much so, that I felt sure great deformity must ensue, if some more effectual method were not soon adopted to prevent motion and ensure permanent coaptation. The accident occurred in a large stable, upon a very hard, dry clay floor; and the force and violence of the blow, to use the expression of a gentleman who witnessed the accident, made him bounce from the floor, and when he struck the floor, the fall was distinctly audible in any part of the stable. This great severity of force produced a considerable degree of concussion and the usual concomitant symptoms, though not alarming in their character. The Captain recollected nothing of the accident, and only remembered having been in the stable with the horse. No abrasion of the facial integuments was discernible for some days, when a slight contusion was observed opposite the cuspid tooth, with slight ecchymosis. The superior maxillary bone was also fractured, but not extensively—three of the teeth, viz: two incisors and cuspid were forced from the alveolus, and the alveolus itself was crushed and comminuted to the extent of one and a half inches immediately above the anterior fracture of the lower jaw. The palatine plate was also implicated in the fracture, but no loss of substance occurred.

When called to the case, I found him suffering intense pain in the fractured part, which, upon examination, I found much swollen. I supposed the pain was of a neuralgic character, rather than the result of any inflammatory action, for the circulation had not as yet reacted, and it was now five or six hours after the accident had occurred. I presumed that the pain which he was then suffering, and which no doubt was kept up by the irritation caused by displacement of the fractured bones, would subside after the fracture was adjusted. This I found to be the case when the fractured ends were maintained in apposition.

About twenty hours after the accident, the system reacted powerfully, requiring depletory measures; vs. xxiv ounces; saline cathartics administered for a few days, together with spts. nit. d., and tart. ant. et potassa, and the antiphlogistic treatment generally, until the inflammatory symptoms subsided, when I proceeded to adjust the fracture in a more permanent manner.

I had made to order, by a silversmith, a thin silver plate half an inch in width and sufficiently long to reach from the posterior external part of the second molar tooth, on one side, to the same point on the other side, covering the symphysis in front, and perforated with very small holes the width of each tooth apart, and $\frac{1}{8}$ of an inch from the top of the plate. After flexing it to suit precisely the shape of the jaw, I applied it, and with the assistance of my friend, Dr. John Wilson of Burlington, succeeded in placing a very small silver wire around the tooth at each extremity of the plate, and drawing each end of the wire through the holes in the plate and through the small tubes of a double silver canula, twisted them until the bone was completely drawn to its normal position, from which it could not deviate in the slightest degree. Wires were also attached to some of the incisors, for the purpose of keeping the plate more permanently fixed. The plate being elastic, kept up a constant traction from within outwards, and thereby had a tendency to counteract and overcome the displacing action of the mylo-hyoideus, pterygoid and masseter muscles. The plate was permitted to remain upon the jaw about fifteen or eighteen days, when (the fracture being no longer a source of suffering or pain) it was removed. During the progress of the case, to correct foetor and encourage healthy action in the mouth, the solution of chloride of soda was constantly used with a very happy effect. The Captain suffered considerably with neuralgic pains of the legs, which, by proper treatment, ultimately subsided, and in thirty days he was discharged cured.

The points of interest in the above case seem to me to be these :

1st. The bone could not be retained in its natural situation by the usual method of bandaging, corks, &c., nor, with or without the corks, with Barton's bandage, on account of the strong displacing action of the sub-maxillary muscles; for as often as the fractured ends of the bone were coaptated, and the bandages and external dressings applied, so often were they displaced by the action of the mylo-hyoid and pterygoid muscles, together with the evident effect the bandage had of forcing the intermediate fragment into the cavity of the mouth.

2nd. There being both an oblique and transverse fracture very near each other, and a distinct natural irregularity in the arch of the teeth, rendered it impracticable to retain the fractured ends of the bone in apposition. It therefore became important that some more effectual method of reduction should be adopted, and the above described plate, which you

Though not much of an *amateur*, we feel obliged to the editors for the exchange, and we beg to be excused for hinting that this is an acquaintance which we hope we shall not lose. We do not want to be *cut*, as we were by a certain *Law monthly*, published in New York, after a few exchanges of salutations. *The Musical World* is a most agreeable weekly visitor; it keeps one posted in *operatics* and musical affairs in general, and it affords weekly two new and well selected pieces of music. We commend it to the doctors; and if they have no poetry nor music in their souls, we advise them to subscribe to it for the benefit of their better halves, daughters or sisters.

The other agreeable weekly is *The Illustrated Family Friend*, published at Columbia, S. C., by STEWART ADAM GOODMAN, for \$2 *per annum*.

It is truly "a choice companion for the home circle, the social group, the lonesome hour and the leisure moment." Father, mother and children may read this paper with profit and pleasure, and the *wee uns*, too little to read, will be amused and instructed regularly by the cuts and illustrations with which it always abounds. It is, too, a work of Southern enterprise, and we bespeak for it a liberal encouragement.

Our medical exchanges are regularly received. We will make room soon to notice them. We wish we could draw more freely from their valuable contents.

Medico-Chirurgical Society of Richmond—September Meeting.

DR. JOHN DOVE, *President, in the Chair.*

(Present Twenty-four Members.)

The September meeting was convened in the medical hall of Virginia on September 7th.

The minutes having been read and approved, Dr. GEORGE OTIS was elected librarian.

On motion of Dr. WM. CLARK, a committee, consisting of Drs. HASKINS, DEANE, C. P. JOHNSON, MILLS and CLARK,

was appointed to communicate with the Pharmaceutical Society of Richmond, and to treat with that body upon the mutual adoption of a code of ethics, or fixed line of conduct, to be observed between apothecaries and physicians, and to report as soon as practicable.

Dr. GEORGE OTIS then proceeded to read an elaborately drawn and elegantly written essay upon "*Obstructions of the Biliary Ducts.*" Drs. BOLTON, PARKER, MILLS, LEWIS, GOOCH, DOVE, BEALE, BROOCKS, CUNNINGHAM, HASKINS and C. P. JOHNSON engaged in the discussion of the subject. [We regret exceedingly not to be able to publish Dr. OTIS' instructive paper. It was replete with the best ascertained theories and facts, and contained matter which it would cost immense labor to collate. Dr. O. did not preserve a copy, however.]

On motion, the subject for the next meeting was made the following: "Is the gall bladder a secreting viscus?"

Voluntary communications being in order, Dr. BOLTON said that he had made some investigations as to the precise *safety point* in anæsthesia for operations, and that he had arrived at the following conclusion:

The simple test is the presence of the following conditions: The sphincter muscles of the eye must be relaxed, the eyeball fixed, forward and immovable, a contraction of the pupil *after* its previous dilation, and then an insensibility to light.

Dr. B. made some interesting remarks on the subject of the *safety point* of anæsthesia.

Dr. R. A. LEWIS presented the model of a simple abdominal supporter, which he said had proved of infinite value to him in the treatment of prolapsus uteri. It is simple, cheap and effective even for the cure of this complaint.

After an instruction to the treasurer to present to the next meeting a financial estimate of the expenses of the society for its organization and first year, and the transaction of some private business, the meeting adjourned till Tuesday, October 4th, at 8 o'clock P. M.

Reviews and Bibliographical Notices.

Clinical Reports on Continued Fever, based on analyses of one hundred and sixty-four cases; with remarks on the management of continued fever; the identity of typhous and typhoid fever; relapsing fever; diagnosis, etc., together with a memoir on the transportation and diffusion by contagion of typhoid fever, &c. By AUSTIN FLINT, M. D., Prof. Princip. and Prac. Med. and Clinical Med. in University of Buffalo, etc. Buffalo: Derby & Co. New York: Geo. P. Putnam. 1852. 8vo. 390 p.

The matter of the book before us was published in the Buffalo Medical Journal, of which the author is the editor, and the whole was presented to the New York State Medical Society as the report of a committee appointed by that body to investigate, and collect facts on, continued and typhous fever. The reports, as they first appeared, attracted so much attention, and were so much esteemed by the best critics in the country, that nothing can now be said to increase their reputation with the American profession.

The subjects embraced in this book are of great practical and scientific interest—they have been discussed in every medical association, and theories upon them have been promulgated from every quarter. They occupy much space in all the systematic treatises yet published, and they are still unstript of the mists which cover them. Dr. Flint has compared and analysed the phenomena which he cautiously watched at the bedside of one hundred and sixty-four cases, and now he presents the facts and results of his labors to the profession. His book, then, deserves to be received as a reliable authority, and so it will be by all who are really in search of knowledge and are disposed to acquire it by study and reflection.

Without entering into an examination of the doctrines or results of the author's investigations, we feel it due to this able and invaluable work to commend it to our readers as one of sound and reliable character. The ability of its accomplished author, and the reliance which may be placed upon the facts collected, will do much to advance the reputation of American medical literature. It may be purchased from Messrs. Nash & Woodhouse of this city.

God in Disease, or the Manifestations of Design in Morbid Phenomena.—By JA'S F. DUNCAN, M. D., Physician to Sir P. Dun's Hospital, Dublin. *Philadelphia: Lindsay & Blackiston.* 1852. 12mo. 232 p. Received from the publishers, through Harrold & Murray.

The author of this little volume has entered upon a new field of natural theology. Many others have written learnedly and beautifully upon the displays of the power, wisdom and goodness of God in the wonders of creation. They had but to listen with an ear attuned to the Divine melody of the universe, (for all things praise Him from the largest to the least,) in order to catch and transcribe the ever ascending language of adoration. Our author has shewn that disease and death are ordained and controled by the same loving Father who originally constructed the beautiful fabric which these dreaded agents are commissioned to mar and destroy. The skill and benevolence exhibited in these acts of Divine Providence are aptly compared to the careful demolition of an elegant building by its skillful architect, "with the intention of rearing it again in a new and more permanent position."

A medical reader who has reflected upon these subjects, will find but little that is novel or peculiarly striking in the book. The unprofessional reader will (we think) not glean as much interesting matter from medical science as might have been introduced with benefit. An abundance of striking facts produce a much deeper and more abiding impression than mere argumentation.

B.

The Transactions of the third Annual Meeting of the Medical Society of the State of Georgia, held in Augusta April 1852. Penfield: 8vo. 100 p.

From this document we observe that the Society, though it is composed of only 152 members, is in a prosperous condition. The minutes evince an active interest taken in its affairs by the members.

The reports and essays are creditable to the society. That on "empirical remedies," by Dr. Robert Campbell, is one of practical utility. Dr. C. recommends "the establishment of an efficient standing committee in all the state societies, whose duty it shall be, with the assistance of the societies, to

collect and publish, as far as is practicable, through the popular channels of intelligence, all the instances of pernicious effects resulting from the employment of empirical remedies, which may come to their observation, *for the advisement of the people*: the said committees to present reports of these facts to the annual meetings of the national association, and soliciting it, after accumulating evidence sufficient for the arrangement of this injurious system *as a national grievance*, to memorialize the congress of the U. S. to abolish that portion of the 'patent law' referring to secret remedies." Dr. Campbell's scheme is a good one, *if he and the Georgia society possess the requisite degree of indefatigable energy necessary to carry it out.*

The report of the committee on surgery is merely a synopsis of what has been recently published in Georgia on surgical subjects.

There are two papers of much local interest and value on the topography and diseases of certain localities.

Professor Eve contributes a valuable report of 25 cases of urinary calculus, and Prof. L. A. Dugas writes an instructive essay on the "use of certain new remedies."

Lastly, and preceding the catalogue of officers and members, is the annual address before the society, by Dr. H. F. Campbell, 1st V. P., on "the difficulties and privileges of the medical profession." It is chaste, and breathes good counsel and pure sentiment.

Quarterly Summary of the Transactions of the College of Physicians of Philadelphia, ending July 6th. Published by Lipincote, Grambo & Co. for \$1 per annum.

The present number is filled, as usual, with the interesting matter of the three preceding meetings. The publication is valuable and cheap.

The Transactions of the Illinois Medical Society for the year 1852. Peoria: 8vo. 94 p.

These are the proceedings of the second annual meeting, held at Jacksonville on June 1st, 2nd and 3rd. They are made up of minutes, an address of the president on "the nature of disease," together with several reports and essays,

some of which are quite interesting. The next meeting will be held at Chicago on the first Tuesday in next June.

Transactions of the National Eclectic Medical Association, at its third Annual Meeting, held at Rochester, N. Y., May 1852, together with the accepted reports presented by the members. 8vo. 166 p.

This association seems to be composed of all the fanatics and nondescripts who chose to assume the name of *eclectics* or *reformers*. Their mountain labored and brought forth this mouse. The 166 pages are composed of numerous reports and addresses. Sixty-four of them are appropriated to an essay on *the circulation*, three essays on *obstetrics*, two on *surgery*, one on *medical literature*, (!!) one on *eclecticism*, &c. &c.

If these transactions were not so voluminous, and if the papers composing them were not so supremely ridiculous, they would be *amusing*; but they out herod Herod, and the mind is willing to turn to something more profitable after a rapid glance at them. Eclecticism and the other quackeries are keeping the printers busy, and the poisons which they are so industriously circulating amongst the people, we fear will be rendered dangerous by an undue importance being given to them by the regular profession. We have not been in the habit of noticing the numerous quack publications received, and we see no cause to alter our course. We take occasion to reiterate our determination *not to exchange with any of the quack journals*.

Hints on the Profession of Medicine—By WM. MAXWELL WOOD, M. D., U. S. N. Buffalo, New York: Geo. H. Derby & Co., 1852. 8vo. 72 p.

We call attention to the advertisement in this No. of the above *brochure*. It should be generally circulated among the people. For 25 cents it may be procured of Messrs. Nash & Woodhouse, and after perusal, it may be circulated through every neighborhood, and be thereby productive of incalculable benefit.

*Records of Maculated Typhous or Ship Fever, with Suggestions of Treatment, being the result of a Series of Observations made during the prevalence of this disease at South Boston and Deer Island Hospitals in 1847 and 1848, with plates—*By J. B. UPHAM, M. D. New York: J. F. Trow, 1852. 8vo. 60 p. From the Author.

This is an interesting paper, which is drawn up with much care by one who had ample experience, from the commencement, in the management of that dreadful disease, which was so fatal and common in our seaport towns. Dr. U. gives accurate histories of many cases, and also the mode of treatment most usually found successful. The plates are clear, and illustrate well the morbid condition of the involved portions of the intestines.

Ranking's Half-yearly Abstract of the Medical Sciences, No. 16, from January to June 1852. Philadelphia: Lindsay & Blackiston. Received through Harrold & Murray. Price 75c., or, by mail, postage prepaid, \$1, or \$2 per annum.

This cheap, popular and valuable work maintains its high reputation. The present number contains 311 pages of selected scientific matter, and the only objection which can be urged to it, is the smallness of the type, or the great amount of reading matter contained in it.

Piper's Illustrated Operative Surgery will be noticed in our next. It has just been received, through Messrs. Nash & Woodhouse.

Homoeopathy vs. Allopathy.

It is not often that we draw from the newspapers anything against the medical heresies of the day. The following remarks, however, by Rev. Henry Ward Beecher, of Brooklyn, N. Y., from the "New York Independent," contain so much of truth as well as humor, that we copy them into the Journal. A book publisher sent him a volume, entitled "Homoe-

pathic Domestic Physician," and he thereupon indites the notice which follows:

We have steadfastly adhered to the old school, probably from our naturally conservative bias. New-fangled notions we have always had our own opinion of. We have stuck, therefore, to the good old paths of medicine, and refused to remove a landmark—blister, lancet, pill, bolus, lotion, portion—all are yet objects of respectful reverence. We have grave moral doubts as to this insidious, mysterious, tasteless homœopathy. It seems not unlikely to be part of a general tendency to effeminacy which is creeping in with wealth and refinement. There is a strong aroma of indolence about it. It requires no exertion, no self-denial. Taking medicine, once a manly and heroic achievement, has become a mere sugar plum affair.

Once doctors sat around a sick man like a fleet of ships about Gibraltar. They bombarded a disease, front and rear, with balls and boluses; they pierced it, or scarified it, or hung upon its course with cataplasm and blister, at such a rate that any man with half an eye could see that one or the other must give out hastily—the disease or the patient! Now our homœopathic Chesterfield regards a disease as a good-natured intruder, that can be winked and bowed and smiled out.

But, pah! We are ashamed to think how these effeminate doctors, who carry a whole apothecary shop in a pocket-book no bigger than your hand, walk in, put three drops of something into two drops of water, giving you a teaspoonful, utterly tasteless, hour by hour; or put upon your tongue three or four white specks of milk-sugar, and that he calls medicine! Our Anglo-Saxon forefathers would have scorned to get well upon such dainty practice, and would die like men upon substantial medicine, rather than sneak back to life upon such effeminacy.

To be sure, almost every relative that we have, paternal, fraternal, seroral, but *not* uxorial, has yielded to the insidious temptation and gone into these bye and forbidden paths. We feel like *Abdiel*, faithful found among the faithless; and we do not mean soon to desert the friends that have stood by us in so many chills and fevers, so many bilious fevers, and measles, and chickenpox, and influenzas, &c.

We are daily exhorted to apostacy. Example and cyclopedias of advice are lavished upon our obduracy. Our friends are against us; our parishoners, not a few, are against us. Books have been sent us. Oh! the cures that have been recounted! We are duly impressed from time to time with the fact that our departed neighbor would have been alive now,

if he had taken his friend's advice and sent for homœopathy; this child had gone down in the car of allopathy to death's door, but changing drivers, the chariot of homœopathy brought him back in a jiffy. This friend had a sick headache, and took three pills of pulsatilla, and before she could get the bottle corked up again, she was entirely cured. We are assured that croup is now nothing, if you only have the right medicines by you. Measles are downright good fun, and teething and convulsions medical diversions. Scarlet fever, that bloody horror of the nursery, the moment he sees Dr. Hahnemann, "comes right down." Indeed, the old red dragon is crestfallen, and goes about as different from the scarlet fever of allopathy, as Red Jacket civilized into drunkenness and into a ditch, was from the whilom savages who greeted a midnight village with a war-whoop, and found the way into it by the light of its blazing roofs.

If one dies under this practice, we are assured that "all men *must* die when their time comes, in spite of all medicine." And this seems rational. But if it had been allopathy, they would have taken us by the button, shook their sad heads, sighed, and ejaculated, "strange!" as if no excuse could be given for a man who died in the pale of the old school. It was evidently suicide!

Then, too, there is no harm done, even if there is no good, we are told. Pa and ma are afraid of *strong* medicine! But these darling little dainties, these pills for fairies, you may take any number without danger. Indeed, their power is inversely as their number. Three are better than four, two better than three, one better than two, and none at all better than—but we will not say that.

But we have observed how much more medicine is taken by many of our kind friends of this school than by us. To be sure, a stout blue pill is a mountain by the side of their homœopathic dust. But then we only take such once a year. Now, medicine so harmless as those dear little phials contain, is a very temptation.

Does the head ache?—a pill. A stitch in the side?—a pill. Heavy eyelids, with recurring symptoms about the same time every night?—a pill. Is the nose stuffed?—catarrh?—*nuxvomica*. Does the nose run like a fugitive slave?—*lachesis*. Is it suddenly arrested and shut up?—*aconite*. Is one troubled in the face?—deliverance abounds. A hard face, without feeling?—a little quicksilver. Redness in the face, agitation and disposition to crawl?—*belladonna*. And so on. Life with some nervous people becomes an interesting game. Their body is like a forest, pains are the wild beasts, and

pellets the means of hunting them, and the patient in watch for pain with as much zeal as a hunter among the reeds for the descent of a flock of ducks. He and she have got something that will do the business for them.

In good earnest, we regard medicines with little favor. Our first receipt for sickness is not to get sick; our second reliance is upon a well-bred, sensible doctor. We select the doctor; it is his business to select the medicine, and we do not care a pin what it is.—[*Boston Med. and Surg. Journal.*

Oinomania.

We abridge the following summary of this strange disease—cases of which are of such frequent occurrence—from an excellent article on the medico-legal relations of insanity in the “British and Foreign Medico-Chirurgical Review,” No. xi. [*Boston Med. Jour.*

This disease has been denominated *dipsomania*, and has been recognized by Esquirol, Marc, and other competent authorities, which therefore renders it unnecessary for us to prove its existence. To the term *dipsomania* we object, as it does not correctly describe the disease, which consists not in thirst mania, but in an irresistible propensity to indulge in intoxicating liquors or stimulants which produce the same effect. We therefore prefer the term *oinomania*, by which it has already been designated by a writer who has given a short account of the disease.

Nature of the Disease.—Oinomania then consists in an irresistible impulse to indulge in intoxicating substances, whenever and wherever they can be procured. It is quite different from drunkenness, which, however, may induce it. Many men at the festive board invariably become excited or intoxicated, who, in general, are sober, or even abstemious, and whose consumption of wine and other stimulating beverages is, in the course of a year, much less than that of those who are never seen under their influence. Others take their daily allowance, and consume a larger quantity of alcoholic drinks than is consistent either with health or sobriety. Others again become daily drunk after dinner. All these, however, possess self-control, and can at any time, when it suits their convenience, abstain from stimulants, though placed before them and even urged upon them. On the contrary, those affected with the disease cannot do so; and however convinced they may be of the impropriety of their conduct, or however anx-

ious they may be to resist, they feel themselves to be, and in reality are, impelled by an overpowering propensity to do that which they know to be wrong, and from which they derive no pleasure.

The disease does not consist in the habit of becoming intoxicated, but in the irresistible impulse which drives the unhappy being to do that which he knows to be pernicious and wrong, and against which he makes many a vain struggle. He derives no pleasure from taste, for he drains the cup, of whatever liquor it may be, at a draught; nor from society, for he generally avoids it. His only gratification is momentary, and consists merely in his being freed from the overwhelming misery, mental and bodily, which the nongratification of his insane impulse inflicts upon him.

This form of disease is hereditary, and frequently occurs in individuals in whom there is a predisposition to other varieties of insanity.

Varieties of the Disease.—We have had many ample means of observing the phenomena of oinomania, and have found that there are three varieties of the disease: *the acute, the recurrent and the chronic.*

a. The acute is the rarest of the three, and the most easily treated. We have seen it occur after hæmorrhage in the puerperal state, in nursing prolonged beyond the strength of the patient, on recovery from fevers, after excessive venereal indulgence, in some cases of masturbation, and in some forms of dyspepsia. When it proceeds from any of the first four causes, it is easily cured by restoring the patient's strength, and there is every probability that the disease will not recur. When it arises from the two last, it is not so easily removed, and is very apt to assume the chronic form. In the treatment of this variety of oinomania, the most modified form of restraint, delicate surveillance, is all that is necessary; and it would, therefore, be quite unjustifiable to remove the patient to an asylum. Change of scene, cheerful society, and some interesting occupation, will be found useful adjuncts to other means of treatment.

b. The recurrent form of oinomania is much more frequent than the acute, though less frequent than the chronic, and comes on in paroxysms. Patients so affected may abstain for weeks or months from all stimulants, and may even loathe them. By degrees, however, they become uneasy, listless, depressed and irritable, and feel restless and incapable of exertion. They are aware of the impending paroxysm, and struggle against it till the impulse becomes irresistible, and then they drink to an extent which, to those unacquainted

with such cases, would appear impossible, and which would destroy any ordinary man. During the paroxysm, there appears to be a greater tolerance of stimulus than the constitution exhibits in its normal state.

The recurrent form of oinomania is observed in those who have suffered from injuries of the head, in some women during pregnancy, at the catamenial periods, on the approach of the critical period and afterwards, in individuals whose health has suffered by living in tropical climates, and in men whose brains are overworked. When it occurs after injuries of the head, the case is hopeless; but as such patients are in general very violent, it is necessary for the safety of the community that they should be secluded. In other cases it admits of cure, but only after long treatment, of which seclusion is a necessary part; and with the single exception of pregnant women, this should never be attempted at home.

The patient ought always to be confined at the beginning of a paroxysm, and the seclusion ought not to be for less than two years. We have seen shorter periods tried, but without permanent success. It may be said that it is hard to confine them when they are free from a paroxysm, and appear to be perfectly rational. It must, however, be borne in mind, that the disease is not cured—that there is only a lull—and that it must be looked on precisely in the same light as recurrent mania, no patient suffering under which would any one be fool-hardy enough to set at liberty during the period of quiescence which occurs between the paroxysms.

c. The third variety of oinomania is the *chronic*, which is by far the most common and the most difficult to cure. The patient is incessantly under the most overwhelming impulse to swallow stimulants. To gratify his insane propensity, he sacrifices comfort, decency and reputation, withstands the claims of affection, consigning his family to misery and disgrace, and denies himself the common necessities of life. As occurs in the recurrent form of the disease, he derives no pleasure from his potations; he does not relish society, but, on the contrary, shuns it; he is quite conscious of his state, and bitterly laments it; and all the gratification which he enjoys from yielding to his insane impulse, is the temporary relief from the dreadful misery, bodily and mental, which he endures.

In this variety, we have the same uncontrollable impulse as in the others. So convinced are the patients themselves of this, that many instances are on record of the unfortunate individuals so affected having voluntarily sought the advantages of an asylum, to protect themselves against their malady.

These have been generally cases of the recurrent variety, and of men of stronger minds than usual, though, with all their power, incapable of resisting the malady. Instances, however, are found of those suffering from the chronic form pursuing the same course. In this, as in the recurrent variety, nothing can be done without seclusion; and surely what some patients have themselves felt to be their only refuge against their calamity, it cannot be unjust or harsh to force on others whose minds are more impaired. The chronic form requires long treatment. The whole man must be renewed, before he can, with safety, be discharged; and this will require a period of at least two years. On the ground of its being necessary for the treatment, seclusion is justified; but on other grounds it is necessary. The patient is dangerous in most cases to himself and others. He frequently entertains delusions respecting individuals, which are not to be trifled with. He becomes jealous of his wife; fancies that his children are in league against him; and believes that conspiracies are formed among his friends or strangers to injure him. In his low state, he is suicidal; in the stage following, there may be comparative tranquillity; and before he is thoroughly intoxicated, he is highly excitable, and often destructive. On the three grounds, then, of treatment, protection to the patient, and safety to the community, such patients ought to be secluded.—[*Half Yearly Abstract of the Med. Sciences.*]

Opinions regarding Strictures of Urethra.

BY MR. GUTHRIE.

1. That a hard and elastic, or an intractable stricture is never permanently cured by dilatation, or by the application of caustic, although it may be materially relieved by the regular, periodical use of a dilating instrument.

2. That the division of an old, hardened, or elastic stricture through the perinæum is not usually followed by a permanent cure, although it is always attended by immediate relief—the disease being apt to return, unless a solid sound or a catheter is occasionally passed to prevent it.

3. That the operation of dividing the perinæum and urethra in such cases is sometimes attended by severe hæmorrhages, by fever, and is occasionally followed by fistulous openings, giving rise to much inconvenience.

4. That such division does, in some instances, effect a permanent cure.

5. That the division of the urethra through the external parts should never be attempted in any portion of it anterior to the bulb, such operation not being necessary; for the narrowest stricture of the pendulous or movable part may always be divided internally, with much less comparative danger than by the external incision, inasmuch as the instrument can be guided through this part by the finger and thumb of the left hand of the surgeon with a certainty almost unerring.

6. That the stricture considered by all surgeons as the most important and difficult of cure, viz: at the termination of the bulbous portion of the urethra, may always be divided, when impassable, by a *straight* instrument, and, in general, more easily than by a *curved* one; the use of which is founded on the erroneous belief that the stricture is situated in the membranous part of the urethra, instead of being, as it is, anterior to it.

7. That the division of the stricture should, if possible, be effected by an instrument passed through it, and cutting from behind forwards, rather than from before backwards, although a combination of both methods will frequently be necessary to ensure success.

8. That the division of a stricture by these means will not always ensure a permanent cure, if more than the mucous membrane is implicated, unless such parts be divided also.

9. That in cases of intractable stricture, the mucous membrane, the inner layer of involuntary muscle, and the elastic tissue external to it, should be divided, when the operation is done from within, but not the outer layer of muscular fibres, which should remain as a barrier between the stream of urine and the common integument of the external parts—an accuracy of division not always to be attained: whence, perhaps, the difficulty of effecting a permanent cure.

10. That when a permanent cure is effected in these cases, the divided elastic wall of the urethra is not reunited by a structure exactly similar to itself, but by common areolar tissue, rendering the part more dilatable under the pressure of the stream of urine; the formation of which dilatation can be aided during the progress of the cure, by pressing on the divided part with the point of a solid instrument passed daily for the purpose of preventing, if possible, that contraction which always takes place during the process of cicatrization—a proceeding which cannot be advantageously adopted when the parts are divided through the perinæum, lest it should encourage the formation of a fistulous opening, to which there is always a tendency.

11. That in cases of intractable stricture, accompanied by one or more fistulous openings in the perinæum, in *young persons* or of middle age, the operation through the external parts, or along the urethra, may be resorted to at the pleasure of the surgeon, with an equal chance of success, provided the division of the obstruction or bank preventing the free passage of the urine be effectually divided, the *sine quâ non* of the operation.

12. That the operation within the urethra should always be preferred in *elderly* persons, particularly if somewhat stout or fat, as less likely to create severe constitutional disturbance; and if this operation should fail from any cause, it by no means interferes with the due performance of the other through the perinæum, which in serious cases then becomes imperative, as the last resource capable of giving relief.

[*Charleston Med. Jour.*

What is the Structure of the Skin?

SIR—Being engaged in some microscopical observations on the mucous membranes, I was induced to consult Dr. Carpenter's "Manual of Physiology," 1851. So obscure was the information, as I shall show, and spread over twenty-six pages, on the subject of the Skin and Mucous Membrane, that I consulted the "Dublin Dissector," (1847, fifth and last edition,) and there the obscurity of meaning was ten times worse! I have read the following to a gentleman about to be examined, and he confesses himself in a perfect morass. I think this arises from authors not taking care that they are comprehensible to others as well as to themselves:

Dr. Carpenter assigns to the

"*Skin.*"

Mucous Membrane.

Art. 224. *α.* Epidermis.

α. Epithelium.

206. *β.* Primary membrane.

β. Primary membrane.

204. *γ.* Areolar tissue.

γ. Areolar tissue.

206. The primary membrane lies beneath the epidermis and epithelium. It is structureless—a thin film of coagulated gelatine.

206. The primary membrane forms the outer layer of the true skin.

198. Beneath the primary membrane is a layer of condensed areolar tissue."

This is confusing enough; for Dr. C. makes three component cutaneous layers; then he divides the skin into two, the pri-

mary membrane being the "outer layer," and I suppose the "condensed areolar tissue" the inner layer. Why is not the "structureless thin film," the primary membrane, entitled to a distinct position if it has no detectable organic structure, and its subjacent tissue is full of blood-vessels and nerves? Why describe it as "*a membrane* under the epithelium, &c.," if it is only an outer layer?

The "Dublin Dissector" makes two layers (independent of the areolar tissue) to the skin and mucous membrane, at page 587, vol. ii. "Each has an external lamina named cuticle, epidermis, or epithelium; the other deeper, named cutis vera, dermis, or chorion; beneath the latter is added areolar tissue." Dr. Carpenter makes the same; but where is Dr. Carpenter's other inner layer of the skin and mucous membrane? Split the "Dublin Dissector's cutis vera, and you have two areolar tissues; for the "Dublin Dissector" has a *whole epidermis*, a *whole cutis vera*, and "beneath the latter is added areolar tissue. But the "Dublin Dissector" slips out of his own skin; he says, page 592: "The *cutis vera* is composed essentially of areolar tissue, full of blood-vessels, &c." Again, same page: "In the dermis the areolar tissue becomes condensed, and presents beneath the epidermis numerous papillæ. This surface is often spoken of as a *distinct lamina* of the cutis, under the name of papillary membrane. It is not to be considered as a *separate structure*." This papillary surface and Dr. Carpenter's primary or basement membrane are clearly identical; but the "Dublin Dissector" says it is *not a separate structure*, it is *not a thin film, structureless*, but condensed areolar tissue; and at page 598 says: "The superficial or papillary lamina of the cutis is the seat of a vascular capillary plexus."

Now, Sir, what does all this mean?

"Meade, in his "Manual," (1846,) page 287, says: "The basement membrane is the boundary between the cutis vera and cuticle."

Worse off than ever!

Dr. Wythes ("Microscopist," 1852,) gives the skin a cuticle and cutis vera, and to the mucous membrane an epithelium and basement membrane, and says no more.

This, Sir, is very perplexing, and much needs your aid; for our two best authorities fail in informing us what our skins are composed of!

I am, Sir,

Your very ob't serv't,

C. B. GARRETT, Surgeon.

Medical Ethics.

The perusal of an article in the *London Medical Times*, touching a formidable feud which has recently sprung up in the good city of Edinburgh, forcibly reminds us of certain sins too common in our profession. The offence to which we allude is the too common practice of *criticising* the professional conduct of our cotemporaries. Examples, unhappily, of such misdeeds are too common everywhere, and we might readily find sufficient illustrations in our own country; but as it is no very pleasant duty to review our neighbors' conduct, and finding pertinent cases abroad, we prefer, on the present occasion, to cite a single instance of the latter. Moreover, as it is not our design to write a homily on medical ethics, we will mention only a single case, which, from its remoteness of location, can excite no personal ill feeling.

Several foreign medical journals have recently made allusions, and contained articles, in relation to an acrimonious personal controversy between Professors Simpson and Miller of Edinburgh. It appears that the former performed some sort of surgical operation (the character not stated, but probably *vaginal*,) on the wife of a medical gentleman. The patient died, *suddenly*, two days after the operation. An impression was at once produced that the patient died of hæmorrhage, but neither Professor Simpson, nor Professor Christison (who was called in consultation,) detected the hæmorrhage. Many rumors were immediately set afloat in regard to the case, all more or less censuring the operator. A gossiping doctor of the town, happening to have business with an upholsterer, was told by the latter that the mattress on which the patient lay had been sent to him to be cleaned, and that it was stained with blood. The gossiping doctor immediately communicated this delectable morceau of intelligence to Professor Miller, who in turn mentioned it to Professor Henderson, the *homœopathist*, who disgraces the University of Edinburgh. Nothing further was necessary to give the report currency. The homœopathist did not fail to circulate the statement, that a patient of Dr. Simpson's had been suffered to die of hæmorrhage, after an unimportant operation. Dr. Henderson's author being enquired for, the report was at once traced back to Mr. Miller. Dr. Simpson, as a matter of course, felt greatly aggrieved that his colleague, Mr. Miller, should be instrumental in circulating such a report, and, as it appears, an unfounded one. Of Dr. Henderson nothing better could be expected. The facts of the case shew that the stain on the mattress, after all, was

quite small, about such as would follow an ordinary operation, but not sufficient to cause death. Dr. Christison was of opinion that the patient died of low peritonitis.

Dr. Simpson, in a communication to Dr. Christison, complained of the conduct of Mr. Miller, and thus the quarrel began, which seems likely to have no end. Mr. Miller, in defence of his conduct, alleges that the story of the bloody mattress came to him incidentally, and that it was casually mentioned to Dr. Henderson, without any sinister motive.

It cannot be doubted that the conduct of Mr. Miller was in every sense wrong and unprofessional, whatever the motive. In the first place it was wrong to give currency to a report derogatory to a member of the profession, (and that member his *own colleague*,) on the mere statement of an unprofessional man, altogether unused to judge of such matters; and, even if *true*, it did not become his colleague to circulate the story; but, above all, it was inexcusable to make such a statement to an avowed *homœopathist*, although he too was a colleague. We can readily admit that Mr. Miller's remarks were uttered in carelessness rather than from sinister motives; but it is just such carelessness (or recklessness more properly) which so often strikes at a man's reputation, under the shield of *inadvertence*!

In relation to the quarrel which has so unfortunately disturbed the harmony of the Edinburgh profession, the *London Medical Times* holds the following language:

"This dispute touches a vital doctrine of medical ethics; a doctrine admitted by all, but practised by few. The first law of courtesy and professional honor is, that one medical man shall not discuss, criticise, much less condemn the conduct of another." This doctrine is worthy of all commendation, and without it the profession becomes a disjointed assemblage of moral assassins. Gross blunders, or obvious malpraxis, growing out of absolute ignorance, are not subject to such restrictions, but, on the contrary, deserve unlimited condemnation. If a surgeon, through ignorance of anatomy, destroy his patient by wounding a vital part; or, if a physician from gross incapacity should administer corrosive sublimate in *ten grain* doses, and thus destroy life, no stringency of ethics can require silence, but all such acts deserve, and will receive, universal condemnation. But the case is quite different when a mere *accidental* injury is inflicted; thus, the most skillful surgeon may accidentally wound the intestine in operating for strangulated hernia, and the most competent physician, by administering a grain of opium in a case not precisely adapted to its action, may induce fatal cerebral congestion. These and similar accidents are the results of errors

of judgment, or sheer casualties, which demand the sympathy, rather than the censure of the more fortunate of the profession.

There are three classes of persons who injure their brethren by untimely criticisms : first, those who do it inadvertently and without improper motive ; second, a class who indulge in criticism from a mere love of gossip, without a *desire* to injure the person who becomes the subject of remark ; and, third, a class of wicked revilers who love detraction for the deed itself, and gloat over the defects, real or imaginary, of their fellow beings. These three classes exhibit widely different degrees of censureableness : the inadvertent man is censurable for his recklessness of the interests of his brother ; the conduct of the gossiping man is reprehensible because he loves his neighbor's character less than his own gratification ; and the malignant reviler deserves the severest condemnation for his wicked propensity.

How different would be the condition of the medical profession, if these criticsers could be induced to pause and *think* before speaking. It is a much more genial office to praise than censure a colaborer ; and the same keenness of optics, guided by a judicious impulse, would find more to commend than disparage in the conduct of their brethren. And then the effects on the whole profession would be highly beneficial. We should, with this liberal course, present an unbroken front, which would appal the swarms of empirics, and command the entire confidence of the community.

Let us, then, be more guarded, and less censorious, and let us direct our efforts to the development of science, rather than the destruction of individual character.—[*Western Lancet*.

Science vs. Despotism.

Amidst the wholesale swearing of fidelity to the new constitution of France and the prince president, now exacted by the present despotic government from every kind of functionary, it is exceedingly gratifying to find that many of the most eminent men throughout the country have refused taking the oath to such incarnations of tyranny. Besides Arago, Cavaignac, Barrot, Changarnier, and a host of other most distinguished individuals who come within that category, Chomel, the celebrated physician and an able professor in the faculty of medicine at Paris, also constitutes one of the noble army of martyrs to principle and independence, rather than degrade themselves by acknowledging a power they ignore. M.

Chomel has resigned his chair, to preserve freedom of opinion and public integrity. Such conduct is worthy of praise; and many friends and former pupils, in England and France, will honor him for setting so good an example to his countrymen.
[*Lancet*.

Experiments on the Livers of Birds, in relation to the presence of Sugar.

BY GEORGE D. GIBB, M. D., L. R. C. S. I.

Hon. Fellow Med. Soc. Va.; Lecturer on the Institutes of Medicine, St. Lawrence School of Medicine, Montreal; Physician to the Montreal Dispensary.

During my residence in France in 1848, M. Claude Bernard published a paper in the *Archives Générales de Médecine*, upon the source of sugar in the animal economy. I was presented with a copy of this paper through the politeness of the author.*

His experiments on the liver, demonstrating the existence of sugar as a natural constituent of that organ, were principally confined to the dog species, and I have repeatedly confirmed them in the human subject, and in many other animals of the class *Mammalia*.

The healthy liver of man and animals is now proved to contain sugar as a normal constituent; but in certain diseases, particularly those of a tuberculous character, as pulmonary phthisis for example, where we sometimes find the liver enlarged, and in the condition termed "fatty" by Louis, the amount of sugar present appears to be very great indeed.

To determine whether this rule, the natural existence of sugar in the livers of *Mammalia*, would stand good with respect to another class of the *Vertebrata*, namely, birds, which rank next in importance to *Mammals*, I instituted a series of experiments.

It will be remembered, that, in birds, the liver is a viscus of considerable magnitude, consisting of two principal lobes, and firmly suspended in situ by ligaments and membranous processes. The vena porta, supplying that venous blood from which the bile is elaborated, is formed by vessels, derived from numerous sources, receiving not only the veins of the stomach, spleen, and intestines, as in *Mammalia*, but likewise the renal and sacral veins.†

* An abridged translation is published in 5th vol. *British American Medical and Physical Journal*.

† Rymer Jones' *Comparative Anatomy*.

There is also a difference in the amount of fat contained in the livers of the different orders of birds. Thus in the *Pal-mipedes* or webfooted birds, and the *Grallæ* or Waders, the larger number of species possess quantities of fat in their livers. In the *Gallinæ* or Poultry, again, in very many species there is a notable absence of fat.

The quantity present, or absent, of the fat, influences the amount of sugar to be detected, at least such is the conclusion numberless experiments lead me to.

If, again, the hepatic cells of the livers of birds are examined with the microscope, they are found even more free from fat globules than are those of *Mammalia*, and they are almost entirely filled with amorphous biliary particles.*

In the following experiments, the livers were pounded in a clean mortar to a pulp, then boiled in a very small quantity of water for some minutes, and filtered. After cooling, the filtered fluids were examined. They are examples selected from a number.

No. 1.—*Small chicken.*

Moore's Test gave the merest trace of sugar.

Trommer's shewed its presence satisfactorily, but still in small quantity.

Cappezuoli's was also satisfactory, the yellow deposit of oxide of copper being pretty clear, after the lapse of some hours.

No. 2.—*Larger chicken* than the last was killed by dividing the jugular vein, collecting the blood as it flowed. This fluid was allowed to separate into its two portions, and the serum examined for sugar, but no satisfactory results were obtained.

The liver was treated in the usual way.

Moore's Test shewed the presence of sugar greater than in the last experiment, but still in small quantity.

Trommer's was pretty satisfactory, and shewed the presence of a tolerable quantity.

Cappezuoli's was also equivocal, more so than in the last experiment.

No. 3.—Liver of a *Fowl*.

Moore's Test light brown.

Trommer's, very marked indeed.

No. 4.—Liver of *another Fowl*.

Moore's Test pale brown.

Trommer's, darker brown.

No. 5.—Liver of a *Turkey*.

Moore's Test light brown.

Trommer's, darker brown.

* Principles of Physiology, General and Comparative, by W. B. Carpenter, edition 1851.

No. 6.—Liver of a *Goose*.

Both Tests very much marked indeed, indicating a large quantity of sugar.

No. 7.—Liver of a *Duck*.

Both Tests marked in a similar degree to the goose.

Sugar was detected in every bird's liver I examined, the quantity being in proportion to the amount of fat present, and this was invariably large in the web-footed or water birds. There is a striking analogy to this; in the Phocida, among the mammalia animals living almost entirely in the water, as the Walrus and Seal, and in which their livers are found to be almost masses of fat, and the quantity of sugar in that of the Seal is enormous.

M. Bernard, in his experiments, examined the blood as well as the liver, and found sugar to be a normal ingredient in both. I was unable to examine the blood, excepting in one instance, and discovered none.

To pursue these investigations further, experimental examination should be made on the livers of reptiles and fishes, which are store-houses of fat and oil; the livers of cod and other large fishes prove this from their yielding a considerable supply of the latter. And the great bulk of the liver in the Crustacea, Mollusca, and cold-blooded Vertebrata just mentioned, has reference apparently, not to a large production of bile, but to an accumulation of fat.

The deductions to be drawn from the fact of sugar existing in the liver and blood, cannot as yet be satisfactorily arrived at, until our knowledge is farther advanced on the subject. M. Bernard considers that a regular function of the liver is the formation of sugar, and that the liver alone has the power of producing sugar without starch. The sugar, as it is formed, is conveyed away by the hepatic veins, the vena cava inferior and right side of the heart; and as none is found in the pulmonary veins returning from the lungs, Magendie infers, that it must have undergone destruction in the lungs and the carbon eliminated.*

The presence of sugar in the blood of the portal vein, which takes venous blood from the intestines and other viscera to the liver, is accounted for by M. Bernard, by the regurgitation of the blood from the liver, when the pressure of the abdominal parietes is removed on opening the abdomen; and this is permitted, he says, by the absence of valves. In this view, I cannot altogether coincide with the author, but do be-

* See Dunglison's *Human Physiology*, for a clear consideration of these experiments, vol. 2, 1850, a work that ought to be in the library of every enquiring physician.

lieve that the sugar found in the vena porta is totally independent of that in the liver itself, probably arising in most instances from the mesenteric veins.—[*Canada Med. Journ.*

Curing Corns in London.

Bostonian. Halloo, Cabman! I want you to take me to Devonshire square, Bishop's-gate street. What's the charge?

Cabman. Two and six pence.

Bostonian. I cannot give you so much; the law does not allow that; it is not more than two miles.

Cabman. It is three miles or more; cannot go for less than two and six pence. (Four or five cabmen now come round, being on the stand; and quite a smart discussion comes up, which lasts three or four minutes.)

Bostonian. Will you carry me for one and four pence? that is the regular fare.

Cabman. Two and six pence—cannot go for less. (Turning away in a surly, rough manner.)

(Upon this the Bostonian goes up to the back of the cab, takes out a piece of paper, and records the number of the cab, then calls out)—Who owns this cab?

Cabman. I do, sir.

Bostonian. Will you carry me to Devonshire square, Bishop's-gate street, for one and four pence?

Cabman. Yes, sir. (Bostonian gets in, and away goes the cab.)

Scene. Office of Mr. J——, a celebrated Chiropodist, Cockspur street, London. The bell having been rung, a servant in livery comes to the door.

Bostonian. Is Mr. J—— at home?

Servant. Yes, sir; please to walk in.

(Servant retires, and after a few moments returns, saying, "Mr. J—— will be down in a few minutes." Bostonian reads a paper which was handed him by the servant, containing a long advertisement of "*Corns cured by Mr. J——, Surgeon, &c., &c., &c.*")

Mr. J. enters. Good morning, sir.

Bostonian. Good morning! My feet trouble me, and I called——

Mr. J. Oh yes! that is very common at this time of the year; I can cure them for you.

Bostonian. Is there no danger that the chemical preparation which you use will do injury?

Mr. J. Oh no! I have many testimonials.

Bostonian. What is your——?

Mr. J. Oh, I will tell you all about it directly (interrupting him,) as soon as the gentleman is gone; excuse me a moment.

(*Mr. J.*—— retires, and *Bostonian* takes up the paper again. Presently he returns.)

Mr. J. Walk up stairs, sir.

Scene. An elegantly furnished apartment; *Bostonian* seated in a crimson velvet-cushioned chair, his foot bare and in *Mr. J.*'s lap. *Mr. J.* applies some chemical preparation, and after softening the hard skin, which he carefully removes with a sharp instrument, he applies his small pincers, and draws out a particle resembling a hog's bristle, an 8th or 16th of an inch in length.

Mr. J. There, you see, is one of them! See how hard it is! (touching it to the skin of *Bostonian*. He applies the pincers again, and extracts another.) There is another!

Bostonian. Oh, yes! I already begin to feel relief.

Mr. J. Oh yes, I will relieve you entirely. There are perhaps four or five more particles in this corn. But I will just let you know my charge before proceeding farther, so that it may be well understood, and that there may be no dissatisfaction hereafter.

Bostonian. Thank you, sir. What is your charge?

Mr. J. I charge two guineas for each particle extracted.

Bostonian (astonished.) Two guineas! why, let me see. You say there are, perhaps, four or five more, and you have already extracted two; that will make a charge of, say, ten to fourteen guineas for this one corn; and as I have two others, the whole will amount to, perhaps, thirty or thirty-five guineas!

Mr. J. Yes, sir, I think not more than that.

Bostonian (aside.) Thirty guineas! One hundred and fifty dollars! Exorbitant! Imposition! One hundred and fifty dollars for one operation of ten minutes on my toes! No, I will not submit to such an abomination! (Aloud.) Well, I can't have the operation performed; I can't give so much.

Mr. J. But it will afford you entire relief.

Bostonian. I cannot afford to obtain relief at that price.

Mr. J. But it will be worth \$500 to you to have these corns entirely removed.

Bostonian. Yes, sir! but I really have not got half the money with me; and besides, I cannot afford to pay such a sum.

Mr. J. But, sir, I will work a complete cure.

Bostonian. But, sir, I cannot have it done.

(*Bostonian* now takes out his pocket handkerchief, withdraws his foot from the knee of the operator, wipes away the

chemical preparation with which it had been washed, and puts on his stocking and shoe.) What is your charge, sir, for what you have done?

Mr. J. Four guineas.

Bostonian. It is a very extraordinary price indeed! (Pulls out his purse, and places four sovereigns and four shillings, in silver, on the elegant and beautifully polished table.)

Mr. J. You had better let me take out the remainder; you will still suffer unless I do.

Bostonian. Oh no, sir, I cannot have them taken out at that price.

Mr. J. Just allow me to see your foot again.

Bostonian. No, sir—I shall keep my corns and my money.

Mr. J. But perhaps—if you will only let me look——

Bostonian. No, sir, I would not let you touch my foot again, if you would do it *free of charge*! *I consider it an imposition!* Good morning.

Mr. J. Good morning.

(*Bostonian* goes down stairs, and is met by a servant in livery, who very politely opens the door and lets him go out into the street, free of charge—*minus four guineas*.)

L. C.

Hydrargyri Iodidum Rubrum.

The following, from the American Journal of Pharmacy, should receive the attention of all who have purchased the American edition of Christison's work.

“TO THE EDITOR OF THE AMERICAN JOURNAL OF PHARMACY.—Under the article Hydrargyri Biniodidum, the U. S. Dispensatory gives as the dose 1-16th of a grain, gradually increased to grain 1-4th.

Under the same head, Christison's work, edited by Dr. Griffith, ed. 1848, gives the dose from gr. i to gr. iv.

Has this great discrepancy been before detected, and the error corrected?—STUDENT.

[NOTE.—The profession will be obliged by the above hint. We had not observed the error before. Since communicating the fact to the publishers, Messrs. Blanchard & Lea, they have informed us that the error has been corrected in the unsold portion of the edition. All who have the American edition of Christison should make the correction with pen at once, and all medical journals should notice it.—ED. AM. JOUR. PHARM.]

Effects of Hydropathy.

A writer in the Shelburne Falls Banner discourses thus on this favorite system of medication :

"It has been my good fortune, since reading the *Water Cure Journal*, of which I am a regular subscriber, to see a sick drake avail himself of the "Cold Water Cure" at the Dispensary near Lamson & Company's saw mill. First, in waddling in, he took a *Foot Bath*; then he took a *Sitting Bath*; and then, turning his curly tail up into the air, and sticking his head under the water, he took, as Priessnitz would style it, a *Koff Bad*. Lastly, he rose almost upright on his latter end, and made such a triumphant flapping with his wings, that I really expected he was going to shout "Water Cure forever!" But no such thing. He only cried, "Quack! quack! quack!"

[*Boston Med. Jour.*]

Some Remarks upon the Functions of the Nervous System, in connection with the views of Sir Chas. Bell, Dr. Marshall Hall, and Dr. Bennett Dowler.

BY B. F. TAYLOR, M. D., LA.

It is known to the student of Physiology, that Sir Chas. Bell long ago announced his views in reference to the functions of the Spinal Cord, and endeavored to prove that it consisted of *four sets of fibres*—each of which was made to perform a separate function, though intimately associated with each other.

1st. A *sensory* bundle.

2nd. A *motor set*.

3d. A set of *excitor* or centripetal fibres.

4th. A *motor* or centrifugal set.

The first and third are united in the posterior, the second and fourth in the anterior, column of the Spinal Marrow. In other words, the *anterior for motion*, the *posterior for sensation*, and the *middle column for respiration*.

After the inception of this new theory, Physiologists found it exceedingly difficult to trace the course of the fibres within the Spinal Cord; in consequence of which, Sir Charles Bell's views began to be distrusted. In the mean time, cases were constantly occurring, when a portion of one of the columns was found almost entirely destroyed by disease, with a corresponding loss of function.

Whilst the merits and demerits of this new discovery were being warmly discussed, by British and Continental Physiolo-

gists, a new star arises, in the person of Dr. Marshall Hall, who was destined to shed a brilliant, but an ephemeral light, upon the profession—but to give place to one far greater in magnitude and brilliancy, in the person of an eminent *savant*, whose genius and discoveries are destined to reflect additional lustre upon the American name and physical science wherever it is cultivated.

Dr. Marshall Hall contends, that the nerves of the spinal column have a *fourfold set of functions—a double set of excitomotor, and of sensori-volitional nerves*—and explains every phenomenon connected therewith, as purely reflex in its character. It cannot be denied but that this theory is surrounded with a great deal of mystery, since the Editor of the London Lancet, in his rapturous support of the doctrine, was compelled to announce his conviction, that “not half a dozen of the members of the Royal College of Physicians could comprehend his peculiar views; and that he was an hundred years beyond his contemporaries, &c. Looking through a *Hall-medium*, it is not to be marveled that Mr. Wakly should still continue to support those views, since it is shrewdly suspected that Marshall Hall himself controls that able and influential Journal.

Dr. Bennett Dowler, with a view of testing the truth of Sir Charles Bell's and Marshall Hall's views, has made a series of experiments upon the great Saurian, whose tenacity of life is greater than that of any known animal, and who exhibits the phenomena of reflex action upon a much greater scale than frogs—which demonstrate the fallacy of a “fourfold set of functions,” in opposition to which, very satisfactory and nicely conducted experiments are adduced:

In reviewing Dr. Dowler's paper, the Editor of the British and Foreign Medico-Chirurgical Review, the most able reviewer in Europe, had the manliness and moral courage to come out boldly and renounce his adhesion to the “fourfold system of nerves,” “now generally admitted,” says he, “amongst well informed Physiologists, such having, *as we now believe, no real existence in nature.*” An admission, Dr. Hester judiciously remarks, which “forms an epoch in scientific progress, because with certain individuals it will weigh more than any amount of *demonstration, intuition, or possibly revelation* itself.”

Dr. Dowler's discovery of a *diffused sensorium* has furnished a key to the hidden recesses of the nervous system. The adaptation of those views to therapeutic medicine is most strikingly and beautifully illustrated in man's first ingress into this breathing world. The first respiratory effort of the new born infant is most vigorously performed when the cool air

comes in contact with its general surface. Accoucheurs avail themselves of this important fact; hence the utility of slapping, frictions, and the application of cold water, in more effectually exciting the respiratory movements. In the treatment of Asphyxia by pouring, Hysteria, &c., the alternate application of heat and cold, is most powerfully manifest in restoring these movements. All of these phenomena are in harmony with nature's laws,—written upon the nervous system,—and the application of the doctrine of a *diffused sensorium*.—[*N. O. Med. & Surg. Jour.*

January, 1852.

Inadequate Compensation to well qualified Physicians.

It frequently falls to our lot to become acquainted with peculiarly discouraging circumstances attending the practice of the profession in some of our country towns. These are mostly in cases of young practitioners, who are in general obliged to locate themselves in places which, although apparently presenting the best openings, afford but little business to a new beginner. Instances are constantly occurring of the most heroic self-denial and patient perseverance in young men, who have come from our schools in all the ardor and freshness of youth and the buoyancy of hope, with the best testimonials of their qualifications and the consciousness of good intentions, but who are obliged not only to keep aside while their elder brethren take the best practice of the place, but also to see the itinerant medicine-monger and the ignorant quack patronized and caressed. In these cases sterling merit and industrious, faithful application do generally succeed, and victory is attained. But the most melancholy class of cases are those in which age and experience, following a youth of well-trained, studious preparation, and a manhood of conscientious and skillful practice of the profession, are still unable to command a fair remuneration or to compete with ignorant and brazen-faced pretension. Such, we are sorry to say, do occur among us, and it is in view of one of them that these remarks have been penned. The following is a brief extract from a letter recently received at this office from a physician in Maine. It speaks for itself, and suggests topics of reflection which we have not space further to allude to at present.

“ And now, having followed the Journal, or rather the Journal having followed me, twenty-three years, through good re-

port and through evil report, I must ask you to discontinue it. The income from my practice is so small that I am not warranted in taking it any longer. Indeed, the most arrant quack, without a medical book or paper, gets more practice and better pay than our mediocre regulars. I think I shall turn my attention to other business chiefly, but when I feel able, shall resume the Journal again.—[*Bost. Med. & Surg. Jour.*

The Liver and its Diseases.

BY W. B. HERRICK, M. D., CHICAGO, ILLINOIS.

“The jaundiced thus, see all things round them clad
In yellow; every object as it flows
Meeting new tides of yellow, from their forms
Thrown forth incessant; and the lurid eye,
Deep, too, imbued with its contagious hue,
Painting each image that its orb assails.”

The above quotation from Lucretius, descriptive of a class of persons whose defective visual organs “see all things round them clad in yellow,” cannot fail to remind the reader of certain practitioners, the patients of whom are always *bilious*.

With them constipation or diarrhoea, dry skin or profuse perspiration, want of sensibility or extreme irritability, alike indicate that their patients are bilious, and require, therefore, in their treatment, blue pill, calomel, or some other mercurial.

This class of physicians, who thus make diseases so unlike in character and symptoms dependent upon the same cause, and, as a consequence, adopt the routine practice above indicated, must be deficient in judgment and mental capacity; or, what is worse, too indolent to obtain and appropriate to their use the facts and information acquired by others, by which their mental vision might be extended, so as to embrace more than a single class of diseases, and one mode of treatment.

In order to shew that we are fully justified in making these strictures upon this class of practitioners, we will state briefly what is now known of the structure and functions of that organ, upon the abnormal condition of which these so-called bilious affections are supposed to be dependent.

The *liver*, as is well known, is a glandular organ, constituted of cells, excretory ducts, and blood-vessels. The cells are supplied by the vena portarum with the imperfectly elaborated and impure venous blood, directly from the absorbing mucous

surfaces of the stomach and intestines; whilst the ducts, on the other hand, are surrounded by the terminal branches of the hepatic artery, containing pure blood from the great arterial current.

From recent physiological investigations, it appears highly probable that the hepatic cells abstract from the impure blood in the portal vein the starchy, and perhaps some other carbonaceous substances derived from food, and change them either into the fatty constituents of bile, or into sugar, to be re-absorbed by the hepatic veins.

That this change from starch granules to fat globules does in reality take place in the hepatic cells of the higher order of animals, is rendered almost certain by the observations made by Liedy upon the follicular liver of the crustacea.

"When," says he, "a cæcum is viewed beneath the microscope, its lower half appears filled with a finely granular matter, and the anterior half with a mass of fat cells." That some of the carbonaceous substances contained in the blood are changed into sugar, during its passage through the liver, is made evident by the recent very conclusive and highly philosophical investigations of M. Bernard.

"He examined," says Donaldson, "the contents of all the principal venous trunks: the vena porta, the inferior and superior cava, the jugular, &c., and, singular to say, he could nowhere detect its presence, (sugar,) but in the hepatic veins, and in the ascending cava, and thence to the right auricle. There being no trace of it in the blood flowing into the liver, nor yet in the pulmonary veins, was not our experimenter justified in coming to the conclusion that it was fabricated in the liver and destroyed in the lungs?"

According to Liebig, the saccharine constituents of blood are, by two successive stages of oxydation, converted primarily into lactic acid, and finally into carbonic acid and water. Hence it would appear that sugar, whether absorbed directly as such, or formed in the liver, in the manner above indicated, supplies by its combustion the amount of animal heat required over and above that which would necessarily result from other and more important chemico-vital changes.

In view of these facts, it is rendered highly probable, if not absolutely certain, that the office of the hepatic cells is to take up the starchy materials, contained in the portal blood, and convert them either into fat or sugar, according as they are required or not to subserve the immediate purposes of respiration—into sugar when, from a deficiency of lactic acid and other organic compounds readily convertible into carbonic acid and water, there is a deficiency; and into fat, when an

excess of these substances affords already an abundant supply of respiratory food.

The sugar thus formed is taken up by the hepatic veins, and passes immediately into the circulation, there to be changed by oxydation; first into lactic or some other organic acid, and finally into carbonic acid and water.

The fat, on the other hand, passes into the terminal branches of the hepatic ducts, where it finds, in the capillary net-work derived from the hepatic arteries by which they are surrounded, an abundant supply of arterial blood. This, doubtless, furnishes both the oxygen and the alkali, by which the fatty matter is rendered soluble, and made to pass readily and easily through the small hepatic ducts as a fatty acid combined with soda, in the form of bile.

These views of the physiological action of the liver are fully sustained by numerous facts, physiological, pathological and chemical, which, however, cannot be presented in the short space allotted to this article; it being our object at this time, not to sustain our own peculiar physiological views, but to make such practical suggestions as may serve to direct the attention of our readers to the subject, and to show them the absurdity of the present indiscriminate mode of practice, adopted by many, in the so-called bilious affections, supposed to be dependent always upon some morbid condition or action of this much abused organ.

From what has been said, it is evident that in warm latitudes, and in summer, when there is less oxygen, and, consequently, more lactic and other organic acids in the blood, the liver must change a larger proportion of the starchy constituents of food into fat. If the amount of oxygen and free soda in the blood is sufficient to combine with this fat, and render it soluble, it passes readily out of the liver into the intestines, in the form of bile, and is reabsorbed by the lacteals, like other fatty matter, and no indications of disease appear; or if in great excess, it passes off in the form of profuse bilious discharges, so common in the summer, especially in the South and West. A still greater deficiency of oxygen, and consequent accumulation of organic acids in the blood, to combine with its alkaline constituents, would diminish proportionally the amount of free soda, and thus prevent it from entering into the constitution of bile to a sufficient extent to make it perfectly soluble, and to neutralize its fatty acids, and thus give rise to acrid and vitiated bilious discharges, or to congestion, torpidity and enlargement of the liver, from an accumulation of imperfectly dissolved fatty matter in the hepatic ducts.

Admitting the correctness of the above views, it is evident that the proper treatment for the whole class of liver affections, above enumerated, would be the administration of alkalies, especially those which are among the natural constituents of blood, such as potash and soda.

Two years' experience in the use of potash and soda, in some of their forms, as remedies in the above named class of diseases, has convinced the writer that one or both may be used with confidence as substitutes for calomel in the treatment of such cases.

That the class of remedies under consideration was formerly used much more extensively than at present in liver affections, is evident from the following quotation from Good's Study of Medicine, published in 1829, in which, after discussing the merits of the dandelion as a remedy for jaundice, the author remarks, that "soap and alkalies seem to have much better pretensions to favor, and have been still more widely employed in this disease, and pretty generally regarded as general, and hence hepatic solvents."—[*Northwestern Med. and Surg. Jour.*

Medical Politics of New York.

There seems to be no city in the Union where professional bickerings and animosities have gone so far as in the great metropolis. Every man's hand seems to be against his neighbor, and even the oldest and most experienced physicians—whose claims to respect are everywhere else acknowledged—seem not to escape the general strife. We know but little of the merits of the controversy carried on between the New York Gazette and Scalpel on the one hand, and the Northern Lancet on the other; but if the parties were content to select some medical topic for discussion, and then enter the arena animated by a generous spirit of emulation, medical science would not suffer thereby.—[*West. Med. Chi. Jour.*

ALEXANDER DUVAL,
APOTHECARY AND DRUGGIST,
RICHMOND, VA.

Having re-commenced business in the Large Five Story Building, No.
155 Main Street, corner of 12th Street, offers for sale a
general assortment of

**DRUGS, MEDICINES, Chemicals, Surgical
& Dental Instruments, Paints, Oils, Dye Stuffs,
Window Glass and Putty, Perfumery and Fan-
cy Articles of various kinds, Tooth, Comb and
Hair Brushes, and Dressing Combs---Also Pure
Wine and Brandies for Medicinal purposes.**

Physicians and others will always find a good assortment of fresh and
unadulterated Medicines selected with great personal care and attention.
Orders from the country will receive prompt attention, and satisfaction
guaranteed both as regards price and quality.

ALEX. DUVAL,
155 Main Street.

Oct. 1852—1y

ADIE & GRAY,
APOTHECARIES AND DRUGGISTS,
RICHMOND, VA.,

(SUCCESSORS TO ALEXANDER DUVAL,)

Dealers in all kinds of Medicinal Preparations, English, French, German and
American Chemicals of the most approved makers. Also, the well known
Pharmaceutical Preparations of Herring & Brothers of London, Howard &
Kent, Morson and others.

Surgical and Dentists' Instruments, Paints, Oils, Dyes, Window Glass, Per-
fumery, Brushes, &c., &c.

Physicians and others may rest assured that their orders will meet with prompt
attention and be supplied with articles of unquestionable quality. tf

ROBERT M'NAMEE,
MAKER OF
SURGICAL & DENTAL
INSTRUMENTS
MAIN STREET, opposite American Hotel,

Asks the attention of Physicians and Dentists to his stock, which will be found
to comprise all kinds of

Dental and Surgical Instruments, Trusses, Cutlery, &c.

He likewise makes to order and repairs all descriptions of Instruments
Thankful for the liberal patronage he has already received, he trusts to be able
to merit a continuance of it, by increased business facilities, and a determina-
tion to give entire satisfaction to his patrons. tf

THE
STETHOSCOPE,
AND
VIRGINIA MEDICAL GAZETTE.

VOL. II.

RICHMOND, VA., NOVEMBER 1852.

NO. XI.

Address to the Medical Profession of Virginia.

At the last annual meeting of the Medical Society of Virginia, the following resolution was unanimously adopted:

“Resolved, That a committee of five be appointed to address the medical men of the state, setting forth the nature of the measures of medical reform inculcated by this society, and to urge the importance of the efficient co-operation of all who feel an interest in the honor and prosperity of the profession.”

Having been appointed to carry out the objects of the above resolution, we desire to call your attention to the measures of medical reform which were acted upon by the society at its last meeting, and very briefly to urge upon your consideration the importance of your active and efficient co-operation in order to secure the success of these measures.

There were but two measures definitely acted upon by the society during its last session, which we think should be embraced in this address: 1st. The recommendation to the legislature to enact a law requiring the registration of births, deaths and marriages; and 2d. The recommendation to the same body to establish a state board of medical examiners, whose approval should be necessary to entitle any one to practice medicine in the state. But there are two other measures, not specifically brought before the society, which we deem of great importance to the honor and prosperity of our profession, and absolutely necessary to the maintenance and successful prosecution of the other measures of reform already indi-

cated, and which, we have reason to believe, would have met with the entire approbation of the society had they been before it. We refer to the establishment and strict observance of a uniform code of medical ethics, and to the thorough and efficient *organization* of the profession. We would direct your attention to each one of these measures in succession.

First—The necessity of the establishment and strict observance of a uniform code of medical ethics. The importance of this measure is so obvious that we need scarcely dwell upon it. There is no physician, more especially in the country, who does not often feel the want of it, and who, in consequence thereof, does not frequently find himself embarrassed in his conduct either towards his brother practitioner or towards his patient. So important did the National Medical Association consider this subject, that at its first meeting a committee was appointed to prepare a report upon it. This duty the committee performed by presenting, at the next meeting of the association in Philadelphia, an elaborate and most carefully prepared code of ethics, proposing to the profession the rules which should govern the conduct of its members in all their relations as medical men. This report was unanimously adopted by the association, and its adoption recommended to the State Medical Societies.

This measure was also the subject of action by the Medical Society of Virginia some years since, when a most excellent code of ethics was prepared and adopted by that society. During the last few weeks, by order of the executive committee of the society, a number of copies of this code have been issued for the purpose of giving it a general circulation among the members of the profession throughout the state, and we would most respectfully, but earnestly, urge upon every medical man in the state to provide himself with a copy of it, with the full assurance that the justness of its recommendations and the evident propriety of its regulations will ensure its strict observance by every honest member of the profession.

Second—A more thorough and efficient organization of the profession. This subject we regard as second in importance to none which has engaged the attention of the profession during the last few years. Indeed, we consider that unless some measures are adopted for the purpose of effecting this object, no permanent impression can ever be produced by the efforts which are now being made at medical reform. Individual action can accomplish but little. It is only by the concerted action of a united body that aught of magnitude and of importance can be effected. The more thorough organi-

zation of the medical profession was one of the grand objects had in view in the formation of the National Medical Association; and this body has repeatedly urged the necessity of a more thorough organization of the profession in the separate states. In our state it has been a subject which has commanded much of the attention of the profession for several years past. In the State Medical Convention which assembled in Richmond in December 1846, a committee was appointed to prepare a plan for the organization of the profession in the state. That committee, looking to the ample powers conferred by its charter upon the Medical Society of Virginia, thought that the proposed organization ought to take place under the auspices and through the instrumentality of that society, and reported to the convention that the subject be referred to the Medical Society of Virginia. That society, composed at that time almost exclusively of members of the profession from Richmond and its vicinity, took up the subject, and had presented to it, through a committee, a carefully prepared plan for the organization of the profession of the state under the charter of the society. This plan was rejected, and no substitute was at that time offered. By a subsequent action of the Society, however, the material features of the plan referred to were incorporated into its constitution; but the interest which had been previously exhibited by the profession throughout the state in the subject had then very much subsided, and no steps were taken to second the action of the society. But about eighteen months ago, the society, observing in the profession in the state at large unmistakable evidences of a desire to organize, again took the subject into consideration, and presented to the profession the system which is now in operation, and by which the Medical Society of Virginia, with its charter, its rights and privileges, has been transferred from the physicians of Richmond and its vicinity to the profession of the whole state, to whom of right it has always belonged. In the Medical Society of Virginia, as at present constituted, there have been already enrolled a little less than 450 members of the profession of our state; and there can be but little doubt that a few years will see almost the entire medical corps of the state organized into one harmonious and efficient body. Such a body, representing as it will all sections of the state and all medical interests of the state, and combining as it will the medical talent and influence of the whole state, cannot fail, in its annual deliberations, to exert a wholesome influence upon the profession, and to uphold and elevate the true interests of medical science.

In accomplishing thus much towards the organization of

the medical profession of Virginia, we have reason to congratulate ourselves. But we have only made a beginning in this important work; we have but laid the corner-stone upon which the superstructure is yet entirely to be erected. The general organization of the profession into one central body, however desirable in itself, and however necessary as a starting point for future action, will have but little effect, unless it be followed by the local organization of the profession in the various towns, counties and districts of the state. Of the great mass of the profession in the state, but few, comparatively, can attend the meetings of the State society, or can be directly benefited by this central organization. These meetings, too, occur only annually—too seldom to allow of the transaction of any other business than that connected with the interests of the profession of the state at large. The only means, then, left to the large majority of the members of the profession for deliberating among themselves upon professional subjects, or for regulating their professional affairs, will be the organization of *local* medical societies. And this work also has already been begun. There are now, in most of our larger towns and in several counties, local societies in a flourishing condition, organized with a view of advancing the true interests of the profession, and of co-operating with the State Medical Society and with the National Medical Association in the work of legitimate reform. We would, therefore, urge upon you most earnestly the formation of such societies in every town, or county, or district, in which a sufficient number of regular medical practitioners can be convened for the purpose.

Third—The recommendation to the legislature to enact a law as speedily as possible to carry out the provision in the new constitution of the state *requiring* the registration of births, deaths and marriages. This subject, of such vast importance and of so great interest, not only to the medical man, but also to the political economist, and which has long been the subject of state action with many of the nations of Europe and with two of our own states, was, in obedience to a recommendation of the National Medical Association, brought to the attention of the Medical Society of Virginia during the last year. A committee was appointed to present the subject to the legislature, the result of whose labors was a bill, the provisions of which were well adapted, in our opinion, to secure the objects in view. During the consideration of this bill by the house of delegates, a successful motion was made to recommit it, with a view of striking out or altering one of its most important features, viz: the provision

requiring physicians to report the deaths occurring in their practice. This proposed amendment to the bill was condemned by the unanimous vote of the Medical Society of Virginia during the last annual meeting, in the adoption of the following resolution:

“Resolved, That this society has learned with regret that the bill before the house of delegates, in reference to the registration of marriages, births, &c., has been seriously objected to and recommitted to the committee for such amendment as is calculated to destroy the efficiency of the law and render it wholly inoperative for good, both to the profession and to the state at large; and this society earnestly recommends to the legislature the passage of the bill in the form in which it was originally presented for its consideration by the committee.”

We feel assured that this measure, thus unanimously recommended by so respectable a body as the State Medical Society, may be passed by the legislature, if the members are accurately informed with regard to the objects proposed by it. We therefore would suggest to each member of the profession in the state to make such representations to the delegates and senator from his district or county as may be necessary to inform them with regard to the objects proposed by the measure, and to urge upon them the importance, not to the medical profession so much as to the public welfare, of the adoption of the means proposed, of requiring the regular, uniform and systematic registration of births, deaths and marriages.

Fourth—The recommendation to the legislature to establish a board of medical examiners for the state, before whom every candidate for the practice of medicine or surgery shall appear for examination, and whose approval shall be necessary to entitle any one to practice these branches in the state. This has been justly regarded as the most important measure of medical reform proposed by the society, and its consideration occupied a larger portion of the time of the society than did any other subject. It is not our duty to discuss the propriety or the policy of this most serious change in the mode of admitting members into the ranks of the medical profession. The subject has been acted upon and decided by the Medical Society, and it is our duty only to put you in possession of the exact nature of that action, and to suggest to you some of the grounds which have led the society to determine upon it.

This subject—the separation of the teaching from the licensing power—was brought to the consideration of the

State Medical Convention, to which reference has already been made, of 1846, and that body, after a full discussion of the subject, adopted the following preamble and resolutions:

“Whereas it is essential that there should be a divorce between the teaching and licensing powers: Therefore,

“*Be it resolved*, That this convention feels the necessity of some radical change in the admission of candidates to the right to practice physic in this state.

“*Resolved*, That we instruct our delegates to the National Convention in Philadelphia, to be holden in May next, to use their utmost exertion to carry out the spirit of the foregoing resolutions.”

Since that time the attention of the profession has been almost constantly directed to this measure. At every meeting of the National Medical Association, we believe, it has been a subject of consideration, and several able and elaborate reports are to be found upon it in the transactions of that body. It seems to be generally conceded that the system of medical education in our country is defective, and that evils exist in that system which ought to be remedied, if possible.

We are not among those who think that the honorable profession to which we belong is yet entirely degraded. Nor do we think that the medical schools of our country are yet entirely corrupt. We have no sympathy with those who would have you believe that the profession of which they are themselves members is already sunk below the level of the commonest trade, and who would persuade you that the respectable body of medical men who occupy the chairs of our schools are, for the most part, unscrupulous adventurers, insensible to the high dignity of the profession, and only alive to their own sordid interests. At the same time we believe there are serious evils existing in the profession, many of which may be traced to errors to be found in the schools—errors which it is the duty of the profession to examine into, and to endeavor to correct. Nor are the schools themselves insensible to these errors. In the National Association the faculties of the most respectable schools have honestly confessed them, and have expressed their willingness to adopt any practicable measures of reform in which they would be sustained by the profession of the country. In reference to the schools of our own state, we feel authorized to say, in behalf of the two largest of these schools, (with the others we have had no opportunity of conferring,) that they are fully sensible of the defects in the present system of medical education; and that while they have been endeavoring already, to some extent, to remedy these defects,

they will heartily concur with the profession of the state in carrying forward every practicable measure calculated to advance the interests of the profession, and to benefit the cause of medical education.

The important practical question which is now presented to the profession is, What practicable means can be adopted to remedy these defects? By what means can we render our system of medical education more perfect and more thorough, and how can we best protect the community from the danger of having imperfectly educated physicians thrown among them? The experience of the past six years has demonstrated that the mere recommendations of associations, state or national, will have no effect. Without a concerted action on the part of all the schools to carry out these recommendations in good faith, which it is now impossible to obtain, none of them can attempt it without great danger of their own destruction, or at least without involving a greater loss than we can reasonably expect them to encounter. Students will naturally seek those schools where they can obtain their diplomas most readily; and as long as no other qualification than the possession of a diploma is required, either by the community or by the government, to entitle one to practice medicine, this must necessarily be the case.

Now, the remedy for this evil is, obviously, the requirement, on the part of the candidate for practice, of a certain degree of proficiency in his profession, to be judged of independently of his diploma. This requisition must be made either by the community or by the government. The community cannot do it, for they have no means of judging of the qualifications of a candidate for practice. They can only test his qualifications by long experience; and even then, we know that they are very liable to form erroneous judgments. It hence becomes necessary that some action should be taken, on the part of the government itself, to require those persons who desire to practice medicine in our state, to submit their qualifications to the test of some uniform standard.

Being fully convinced of the necessity for some such action on the part of the government, the Medical Society of Virginia, during the last winter, appointed a committee to memorialize the legislature of the state to institute a board of medical examiners. The result of this action was the introduction into the senate of a bill for that purpose, the chief provisions of which were the following: The election by the Medical Society of Virginia, at its first annual meeting after the passage of the act, by ballot, of eleven physicians of established skill and reputation, seven of whom to be appointed by the

governor, to constitute a board of medical examiners for the state. The members of the board to hold their office for three years. Vacancies to be filled by the governor from the remaining nominees, or, if more than five vacancies, by the other members of the board. The board to hold two sessions annually: one in Richmond the first Monday in May, the other in Lewisburg the first Monday in October; and the board to have power to appoint its own officers, &c. Each member of the board to take a prescribed oath before a justice of the peace for the faithful discharge of his duties. The board to examine thoroughly, fairly and impartially all persons who may properly apply to them, on Anatomy, Physiology, Surgery, the Principles and Practice of Medicine and Obstetrics, Materia Medica, Pharmacy and Chemistry, and to give a certificate of qualification to all whom they may find possessed of a competent knowledge of these subjects. No certificate to be issued by the board except by the concurrent votes of five of its members present at the time of the examination, and the board to enter upon a book the names of all persons to whom they shall give certificates, with their places of residence, &c.: the same to be published in two newspapers of the state within thirty days after the adjournment of the board. No license to practice medicine or surgery to be granted to any one until he shall have obtained a certificate from the board. Any one attempting to practice without such certificate shall forfeit and pay, for every prescription, a sum not less than fifty dollars nor more than one hundred, to be recovered with costs of suit by action of debt in any court of judicature within the county where the offence is committed, one-half to be paid the prosecutor, the other to be paid into the treasury of the county where the offender resides. The certificate to be registered in the clerk's office before any license is issued. The clerks to file and preserve the certificates, receiving twenty-five cents for doing so, and the same sum for every copy of said certificates. Each applicant for examination to present a certificate of good moral character, and of his being twenty-one years of age. Also to pay to the treasurer of the board twenty dollars, the payment of which not to be contingent upon his obtaining a certificate of qualification, and in no case to be paid more than once. Any member of the board may be expelled by a vote of five members of the board, but may be reinstated by the Medical Society of Virginia. The Medical Society may impeach or expel any member of the board. Each acting member of the board to receive four dollars per day while the board is in session, and ten cents mileage. The

treasurer to deposit annually the surplus funds to the credit of the commonwealth. All practitioners of medicine and surgery, previous to the passage of this act, to be exempt from the provisions requiring a certificate of qualification, and to obtain their license in the mode prescribed by law. The act to take effect on and after the 1st of January 1853.

At the last annual meeting of the Medical Society of Virginia, the merits of this bill were brought fully under discussion in the consideration of the following resolution :

“Resolved, That we approve in the main of the bill reported by the committee of the senate, as probably the best that can be done at present, but that it will be the aim and pleasure of the society, through its nominees for this board, constantly to increase the stringency of its provisions and to elevate the standard of acquirement.”

The principal objections urged against the bill were founded upon that provision which allows all persons, without discrimination, to apply to the board of examiners for a certificate, requiring no preliminary education either scientific or medical of the candidates. It was argued that instead of constituting a safeguard against the entrance of unqualified persons into the profession, the creation of this board might be the means of throwing wide open the doors of the profession for the admission of all who chose to enter. In order to obviate this and other objections which were suggested, the following substitute for the above resolution was offered, and after full discussion, adopted :

“Resolved, That whilst the society approves the main features of the bill, now before the senate of Virginia, providing for the appointment of a state board of medical examiners, they respectfully suggest to the legislature the propriety of requiring, as a condition precedent to every examination, that the applicant shall have been graduated in medicine, or that he shall have attended two full courses of lectures in some respectable medical college, and that the examinations by the board shall be open to the presence of the medical faculty of the state.”

By this action of the Medical Society of Virginia, the profession of the state, so far as it was embodied in that society, has pledged itself to the support of the scheme for the establishment of a board of medical examiners, requiring, however, that all candidates for examination before that board shall either be graduates in medicine, or shall have attended two full courses of medical lectures, and that the examinations shall be public.

We have thus placed before you, as plainly and as impar-

tially as possible, the present position of this most important question before the profession of our state. It is for you to say whether you will concur with the society in urging upon the legislature the adoption of this measure. If you think as they do, that by it the interests of the profession and of the public will be materially advanced, and that the sacred portals of the temple of medicine will be thus more effectually guarded from the intrusion of unworthy and unqualified persons, it is your imperative duty to exert to the utmost your influence upon the members of the legislature in order to secure its success.

Such are "the measures of medical reform" which we have deemed it our duty to bring to your attention. Of their importance, we conceive that no physician, who has the interest and honor of his profession at heart, can doubt. Their practicability we think can scarcely be questioned. All that is necessary to secure their adoption is a united and continued effort of the physicians throughout the state. And we would most earnestly appeal to you, as members of a profession which should be second to none in all that tends to elevate and benefit man, to come up to this work, and honestly to labor to place that profession in the position which of right it ought to occupy.

WM. D. HASKINS, M. D.
JAMES L. CABELL, M. D.
LEVIN S. JOYNES, M. D.
MARTIN P. SCOTT, M. D.
CARTER P. JOHNSON, M. D.

Rheumatism of the Womb.

BY J. J. THWEATT, M. D., PETERSBURG, VA.

The assertion may be safely made, that no organ of the human body has been more thoroughly studied than the uterus, equally in regard to its anatomy, physiology, pathology and therapeutics. The dark veil which so long obscured its phenomena, has been almost removed by the genius of modern investigation; and the physician of the present day can point to no nobler trophy which his science has won than the success which has crowned the labors of those who have directed their efforts and talents to the exposition of the healthy and morbid character of this viscus. But all has not yet been accomplished. The searcher into the *specialties* of morbid phenomena, as developed in different organs, meets with indica-

tions that baffle all his ingenuity to give a legitimate elucidation: in vain he refers to the researches of others: no ray of light is found to dissipate the darkness which prevails.

These remarks are particularly applicable to the subject of this paper.

Rheumatism of the uterus may almost be said to be a new disease. Its bibliography is comprised in a very narrow space. We are indebted to Germany for the first intimation of the malady. Radamel and others directed the attention of the physicians of this country to the subject. In France M. Dezeimeris published some interesting information on the disease: afterwards Drs. Stoltz and Salathé investigated its nature in a more especial manner. These publications did not, however, attract the notice which they unquestionably merited; and, strange to say, no notice was or has been taken of them by clinical instructors. This is the more remarkable when we take into consideration the fact that rheumatism, in its multifarious forms, was the subject of intense research by some of the most eminent practitioners of the day. In the works devoted to the special diseases of the uterus, no allusion to the disease is made. In the brilliant lectures of Walter, Ingleby and (last, though not least) the much lamented Lisfranc, we cannot discover the most remote hint at the affection. The long distinguished, now noble and gallant Chomel, in his erudite article on the Pathology of the Uterus, in the *Dictionnaire de Médecine*, 3d volume, says not a word of rheumatism of the womb; and yet rheumatism was a frequent disease in his wards, and affections of the womb a favorite topic of discussion. The systematic writers of the day have passed the disease *sub silentio*. Medical periodical literature throws but a meagre light on the nature of the affection. The only publications of recent date in which any attempt is made at a description of the disease, are the works of Drs. Cazeaux and Meigs.

The descriptions given by these learned gentlemen are confined to its appearance in pregnant women, and its influence on labor. Of the intrinsic value of their descriptions, in this connection, the reader may form his own opinion, by the following quotation from Dr. Meigs: "M. Cazeaux says nothing about the diagnosis, which I regard as one among the most difficult that can be presented to the mind of the physician." "I have had such great difficulty in settling, to the satisfaction of my own judgment, the diagnostic differences between the two affections, (viz: metro-peritonitis and rheumatism,) that I should be thankful for the indication of a clear method of coming to a decision." Notwithstanding which, Dr. Meigs

•

says, that rheumatism of the womb is a disease of no small importance, and not unfrequently met with in practice. And we ask, Why should it not be often met with in practice? Is there anything in the anatomical structure of the organ that should exempt it from an invasion of that specific inflammatory action so properly denominated by some pathologists rheumatic? By no means: on the contrary, if there be anything in the anatomical composition of an organ which is calculated to predispose it to the contraction of a specific disease, the uterus is the organ, *par excellence*, for rheumatic inflammation. Is there anything in its location which ought to act as a barrier to the influences of those external agencies that prove so productive of rheumatism in other organs and other tissues? If there be, we humbly confess our inability to point it out. If, then, it be not an uncommon disease—if there be nothing in its structure or situation to prevent rheumatic attacks—why, we ask, has it escaped so entirely the attention of medical observers? Dr. Meigs answers, in our judgment, the question: the diagnosis is difficult, and the indications are not sufficient to satisfy the judgment of the scrupulous medical mind. We do not possess the presumption to say that we are going to supply the desideratum in making out a perfect diagnosis of rheumatism of the uterus. We do not possess the temerity to declare, that we will remove all difficulty which environs its pathology and treatment; but we do say, and maintain, that in the history of a case of this affection, which recently came under our observation, suggestions will be made that in abler hands may prove of infinite service to science and humanity.

Case.—In the month of August, we were called to visit a patient about 40 years of age, of a phlegmatic constitution, general health good, with the exception of an attack of leucorrhœa, which sometimes lasted her a considerable time. We found her in the following condition: complained of intense pain in the hypogastric and iliac regions, which was greatly increased on pressure; hands and feet cold; a gentle acid perspiration pervaded the body; the pulse was compressed and remarkably slow; tongue moist, furred in the centre; bowels slightly confined; stated that the whites were very abundant, and had been so for two or three days; the uterus was tender, and considerably engorged; the pains were dull and gnawing during the day, but became excruciating as night approached; deprived her of sleep. Believing the symptoms proceeded from an irritated and inflamed womb, we prescribed a gentle purgative—hop poultices to the lower portion of the abdomen, demulcent vaginal injections, and an

●

anodyne at bed time. When visited the next day, we found very little change; she had passed a sleepless night; the pain had diminished as usual, but still severe, and sensible to pressure; the pulse was fuller, and quicker; skin hot; face flushed; ordered leeches to the painful regions; the poultices to be continued, and ten grains of calomel and two of opium to be given at bed time. The next day she was no better; the opium had procured some sleep, the calomel had operated; in every other respect she was the same; prescribed cups to the sacrum and hips; a liniment of chloroform and sweet oil; milk and bread poultices; the vaginal injections to be frequently repeated; an enema with thirty drops of laudanum at bed time; demulcent drinks. The day following found no amelioration. From this period up to the tenth or twelfth, we tried every remedy which was calculated to afford relief; the leeches and cups were frequently renewed; anodyne liniments and resolute ointments were tried; purgatives; powerful doses of anodynes; warm demulcent drinks, etc.—all with no material benefit. No other organ appeared to participate in the morbid action; the whites were so profuse as to soak two or three napkins during the day and night; they were a source of great annoyance to the patient; the pains she described to be at times like labor pains; the womb, as she termed it, appeared to raise itself up; her physical and mental energies began to be affected; she complained of great debility; all the horrors of cancer assailed her mind; her patience was exhausted; and we candidly acknowledge, ours was also. We had thus far failed entirely in subduing the disease.

About the 12th day of her illness, after the usual enquiries, we asked her if she passed her urine freely and without pain. Her reply was, she passed it as in health; but she says it is as red as brick dust. We requested that the urine should be shown us. Some which had been passed early in the morning was examined. We found the lithic acid in considerable quantity at the bottom of the chamber. The urine was high colored, and on being tested, was found to be strongly acid.

We were now confident that we had mistaken the nature of her disease, and immediately ordered the following prescription: *R* Ammoniae phosphat. gr. xv; vini colchici semin. gtt. xx; tinct. hyoscyanii 3 i; aq. distill. 3 iv. *M*. The whole to be taken immediately, and repeated at bed time; the same dose early in the morning and again at 4 o'clock the next day. We visited the patient in the afternoon of the next day, and to our great satisfaction found her much better. She had had a pleasant night. The pain was greatly diminished, and

did not return so severely as night approached; the sensibility to pressure was likewise diminished; skin moist, and in every other respect she was almost a new being.

The most remarkable effect, however, was this: the whites, which had all along been so abundant, had so diminished as only to require one napkin in about thirty hours. Under this method of treatment, the patient was able to proceed to her usual avocations in four or five days. In the mean time the uterus was examined with a speculum, and no disorganization was discovered.

We deem it important to add, that after the entire disappearance of the pain from the womb, she complained of some pain in the shoulders, hips and back, showing evidently to my mind that she had been laboring under an attack of rheumatism. We have seen the patient frequently since her recovery. Her health is good, with the exception of a slight leucorrhœa.

In the history of the above case, there are several points of paramount importance. The existence of the whites, tenderness of the womb, combined with engorgement and accompanied with severe pain, were unmistakable signs of irritation and inflammation. The symptoms were so expressive of the pathological conditions, that no room was left for suspicion of rheumatism. There were no antecedents in this case. The patient had never had an attack of rheumatism. There were no other parts of the system affected. The head, the articulations, the liver, the muscular system—all were completely exempt. Under the impression that ordinary inflammation existed, antiphlogistics, purgatives, narcotics, emollients—all were extensively tried, but with little success. And why did they not succeed? Because the morbid derangement was of a specific kind, and required the influence of particular therapeutic agents to remove it; and it was not removed until they were applied, when the symptoms vanished as if by enchantment.

We shall not enter here into a discussion of the pathology of rheumatism: we will only remark, that there are two elements in its pathology which demand the particular attention of the physician. These are, first, its constitutional effects, and, secondly, its local effects. One of the most prominent of its constitutional effects is altered secretion, particularly the secretion of urine. We are well aware that much skepticism prevails among some very distinguished medical men relative to the value of a chemical analysis of the urine in this disease; but we think that the case just reported demonstrates the great importance of such an analysis; and we fearlessly

advance the opinion, that it is impossible in many cases to make a correct diagnosis where the disease attacks individual organs, and more especially where other morbid combinations exist, without a chemical examination of the urine. This secretion will be found in many cases surcharged with the lithartres or phosphates. This fact being ascertained, the treatment becomes plain and intelligible. There is no question that the diagnosis may be made out, without an analysis of the urine. The peculiar constitution of the patient, the character of the pains, the diseases which they may have been subject to, all these circumstances furnish invaluable aid. But there are cases in which none of these exist, or if they do, morbid complications may prevent our reaping much advantage from them. It is under these circumstances that chemical examinations become so important.

The success that followed the administration of the anti-rheumatic remedies was speedy and complete. No doubt the antecedent treatment was the cause of this prompt therapeutic action. The uterus was the focus of the morbid action; and had the diagnosis been made earlier in the disease, local remedies would have been indispensably necessary, in order to remove the local effects. The phosphate of ammonia was selected as the chief agent in the treatment of this case, from the high recommendation of Dr. Buckler of Baltimore. And we take pleasure in adding, that we have found it eminently useful in the treatment of rheumatic affections. We combined it in this instance with colchicum, a combination which has proved in our hands of great service.

In conclusion, we urge upon all practitioners to make a thorough chemical examination of the urine in all cases of rheumatic inflammation.

Case of Fracture of the lower end of the Radius.

BY WM. S. EASLEY, M. D., LUNENBURG COUNTY.

The interest of this case consists not in the novelty of the accident, but in the treatment, I imagine, which was adopted in its cure:

John, a servant boy of Mr. S—, aged 11 years, was thrown from a horse while running, and, catching upon the palms of his hands, a fracture of the lower end of the radius of the right arm was the result. Happening near me, I saw the boy immediately after the accident. Although I had never witnessed such a fracture before its reduction, I recognized it immediately, from the description and accurate plate given in "Dru-

itt's Modern Surgery." Upon examination I discovered that the whole of the lower head, and not its posterior portion, as sometimes occurs, was broken off. Taking his hand in my right hand, and with my palm applied to his, I reduced the dislocation by pressing gently upon the upper end of the lower fragments with the thumb of my right hand, at the same time making counter-extension from the forearm with my left. The reduction was accomplished without any difficulty, and crepitus was distinctly heard when the bone moved to its place. Dr. Connally, being present, applied the roller bandage as high as the elbow, and afterwards two straight splints, the inner one being strengthened by a right angled splint of thick paste-board, extending as high as the axilla. A graduated compress was applied to the inner side of the forearm, and also a thin compress posteriorly. The boy was then directed to keep quiet, and a dose of castor oil to be administered the next morning.

Having previously determined to treat the case with another apparatus, I returned next day, and very soon, with the aid of a pocket and drawing-knife, manufactured the instrument invented for the treatment of these fractures by Dr. Bond of Philadelphia. I had seen this instrument used in the Pennsylvania hospital the past winter, also the straight splints, and from the far greater facility in applying, and the greater degree of comfort to the patient in wearing the former, I determined, if the success was equal, to use it in all cases which might come under my notice. For a full description of the instrument, its mode of construction and its advantages, I refer you to the April number of the American Journal. A very full account of the instrument is there given by Dr. Bond himself, to insert any portion of which here would prolong this article to too great a length. Dr. Norris of the above hospital expressed himself as greatly pleased with it; and certainly, if the success is only equal, whereas it is said to be superior, it ought universally to be preferred to the straight splints on account of the far greater degree of comfort with which it is worn.

On returning next day I found my patient complaining grievously of the pain he suffered in his arm, and his mother represented that he had slept but little the previous night. I took off the first dressing, and after reapplying the roller bandage next to the skin more loosely than at first, I put on Dr. Bond's splint. From that time forward he never complained once of pain; he was allowed perfect liberty to run about and play with his associates; and although he frequently violated my injunctions not to move his arm from its position in

the sling, yet I always found my apparatus perfectly applied on my succeeding visits. Three weeks from the date of fracture the splint was removed, and he directed to keep it in the sling one week longer. The union of the fragments was complete, and with the exception of a little enlargement from the presence of unabsorbed callus, the resemblance to the other arm is perfect. When the splint was removed, there was very little stiffness in the wrist or fingers, a rather unusual circumstance, I think. He now uses his arm as well as he ever used it. These results, namely, so perfect a union of the bones in so short a time, without any attendant pain, without confinement and consequent deterioration in health, and such a perfect mobility of the joints of the fingers so soon after the cure, I confidently believe could not have been obtained with any other known apparatus.

I am sure, Mr. Editor, if the profession generally were acquainted with Dr. Bond's splint, it would be universally employed in such accidents; and I believe you could not render them a greater service than by publishing the description and transferring to your pages the plate, as you will find it in the *American Journal*.

Lunenburg Co., Va., Oct. 1852.

The following ingenious and singular effusion has been placed in our hands by a chemical friend. We do not vouch that it has never been published before, but it will well repay perusal during an idle moment. We are informed that it was actually written by a medical student some years ago in Philadelphia, but of the exact time of writing, or the name of the author, the deponent saith not.—*Editor*.

The Chemist's Dream.

Methought I was exploring the hidden recesses of an extensive cave, whose winding passages had never before echoed to the tread of human foot. With admiration and delight I was gazing at the thousand wonders which the flashing torchlight revealed on every side, at each step of my progress, when a strange sound, as of the hum of many voices, fell upon my ear. What such a sound could mean in such a place, was more than I could divine.

Curiosity led me on in the direction whence it came. The buzz of conversation, cheerful as it would seem from

occasional bursts of merriment that were heard, grew more and more distinct, until the dark and narrow passage I had been following suddenly opened upon one of those magnificent rock parlors, of whose grandeur and beauty description can convey but a faint idea. A flood of light illuminated the arching roof with the vast columns of stalactites sparkling with chrystals that supported it, and was reflected with imposing effect from the huge streets of the same material, of the purest white, that hung from the ceiling in graceful but substantial drapery. I stood in one of nature's noblest halls, but not alone.

A strange company had gathered there. Black spirits and white, blue spirits and grey, were before me. A festive occasion had assembled, in joyous mood and holiday attire, the first born of creation—the *Elements* of things.

In dreams, nothing ever surprises us. It seemed perfectly natural to see these fairy forms in that strange grotto. So, accosting without hesitation the one nearest to me, I apologized for my intrusion, and was about to withdraw. From my new acquaintance, however, I received so cordial a welcome and so earnest an invitation to become a participator in their festivities, that I could not deny myself the pleasure of accepting the hospitality so kindly proffered.

I was soon informed that some of the leading characters among the *Elements* had resolved some weeks previous upon having a general picnic dinner party. Sixty-three family invitations had accordingly been sent out—one to each of the brotherhood—and preparations for the feast made upon a most extensive scale. Sea and land had been ransacked for delicacies, and everything was put in requisition that could contribute to the splendor of the entertainment or to the enjoyment of the occasion.

At the hour I so unexpectedly came upon them, nearly all the guests, with their families, had assembled in the strange drawing room I have described, awaiting the summons to the banquet.

Spacious as that drawing room was, it was nearly filled with these interesting children of nature. And here they were seen, not as in the chemist's laboratory, writhing in the heated crucible, or pent up in glassy prisons, or peering out of gas holders and florence flasks, but arrayed in their beauty, each free as air and acting as impulse prompted. There were those present of every hue, every style of dress, every variety of appearance. The metals, the gases, the salts, the acids, the oxides and the alkalies—all were there.

From the mine, from the shop of the artizan, from the mint, from the depths of ocean even, they had come; and a gayer assemblage, a more animating scene, my eyes had never beheld. Many of the ladies of the party were most tastefully attired.

Chlorine wore a beautiful greenish yellow robe, that displayed her queen-like figure to good advantage. The fair daughters of *Chromium* particularly attracted my attention, with their gay dresses of the loveliest golden yellow and orange red. *Iodine* had just arrived, and was not yet disencumbered of an unpretending outer garment of steel grey that enveloped her person; but the warmth of the apartment soon compelled her to throw this aside, when she appeared arrayed in a vesture of thin gauze of the most splendid violet color imaginable. *Carbonic Acid* was there, but not clad in the airy robes in which I expected to see her. The pressure of the iron hand of adversity had been upon her, and now her attire was plain—simply a dress of snowy white—the best which the straitened circumstances to which she had been reduced allowed her to assume. Quite a contrast to her was her mother *Carbon*, whom you would have supposed to have been a widow in deep mourning, or a nun who had taken the black veil—so sable were her garments, so gloomy her countenance—had not her ear-rings of polished jet and a circlet of diamonds that glistened on her brow evinced that she had not yet altogether renounced the world and its vanities. The belle of the room appeared to be *Nitrous Acid*, the graceful daughter of *Nitrogen* airy in all her movements, and with dress of deepest crimson, that corresponded well with a lip and cheek rivaling the ruby in redness. Among the lady metals, too, there were many with bright faces and resplendent charms; but I must pass on to a description of the gentlemen of the party.

Sulphur wore a suit of modest yellow plush, while *Phosphorus* quite disconcerted some of the more decorous matrons present, by making his appearance in a pair of flesh-colored tights.

Phosphuretted Hydrogen, or, as he is nick-named, "Will of the Wisp," startled me, by flitting by in a robe of living flame, the dress in which the graceless youngster is said to haunt church yards and marshy places, playing his pranks upon poor benighted travelers. The king of metals, *Gold*, was arrayed in truly gorgeous apparel, though it must be confessed, there was a glitter and an air of haughtiness about him from which you would turn with pleasure to the mild, sweet face of his royal sister, *Silver*, who leaned upon his arm, a bright eyed, unassuming creature of sterling worth.

Mercury was there, as lively and as versatile as ever, a most restless being, now by the thermometer, noting the subterranean temperature, now by the barometer predicting a storm in the regions overhead, now arm in arm with this metal, then with that, and they all, by the way, save stern old *Iron*, had hard work to shake him off. A strange character surely was he—a philosopher of uncommon powers of reflection—the veriest busy-body in the world, well versed in the healing art, a practical amalgamist—in short, a complete factotum. *Potassium*, though a decidedly brilliant looking fellow, manifested too much levity in his deportment to win respect, and was pronounced, by those who knew him best, to be rather soft. In gravity *Platinum* surpassed all the rest, and in natural brightness was outshone by few. When *Oxygen* arrived, and his light, elastic tread was heard, and his clear transparent countenance was seen among them, a murmur of congratulation ran round the drawing room, and involuntarily all assembled rose to meet him and do him homage. He was a patriarch indeed among them—literally a father to many of the youngest guests. His arrival was the signal of adjournment to the banqueting room, where of right he took his position at the head of the table.

Concerning the apartment we had now entered, I can only say it was grand beyond description. It was lighted up with the brilliance of noon-day by an arch of flame intensely dazzling, produced by a curious apparatus which *Galvanism*, who excels in these matters, had contrived for the occasion out of some materials which his friends *Zinc* and *Copper* had furnished him. Festoons of evergreens and wreaths of roses encircled the alabaster columns, and made the whole look like a hall in fairy-land. But I must describe the table and its paraphernalia—the preparation of the viands: I mean the baking, boiling, roasting, stewing and the like, which had been committed to *Caloric*, who had had long experience in that department. The nobler of the metals had generously lent their costly services of plate, while *Carbon* united with *Iron* to furnish the elegant steel cutlery used on the occasion. *Alumina* provided the fine set of china that graced the table, and *Silex* and *Potash*, without solicitation, sent as their joint contribution, cut glass pitchers and tumblers of superior pattern and transparency. As among these sons of nature there is no craving for artificial excitement, *Oxygen* and *Hydrogen*, who by the way have done more for the cold water societies than Delavan and Father Mathew, were commissioned to provide the drinkables, and what beverage they furnished may easily be conjectured. *Carbon*, with *Oxygen* and *Hydrogen*, found most of the vegetables, and *Nitrogen*, whose assist-

ance as commissary here was indispensable, joined them in procuring the meats under which the table groaned. No taste but would be satisfied with the variety—no appetite but would be cloyed with the profusion of good things. Though the liberality of the four that have been mentioned left but little for their associates to contribute, still some individual offerings to the feast deserve to be mentioned. Thus the oysters *Carbonate of Lime* had sent in the shell; the pyramids of ice cream for the desert were provided by the daughter of *Chlorine* and *Hydrogen*, the bride of *Sodium*, who was out several hours in the snow engaged in freezing them, and the almonds and peaches came from the conservatory of *Hydrocyanic Acid* the druggist.

After grace had been said by *Affinity*, who is a sort of chaplain to the *Elements*, having officiated at the weddings of all the married ones of the company, a vigorous onset was made upon the good things before them. At first, all were too much engaged for conversation; but the desert appearing at last, as they cracked their nuts, the jests too were cracked. Toast and song were called for, and wit and innocent hilarity became the order of the day. Even *Oxygen*, who had presided with such an air of dignity, relaxed from his sternness, and entertained the younger ones at the table with many a tale of his mischievous pranks in the days of old father *Chaos* when *Time* and himself were young. Strange tales they were too, of earthquakes with which *Hydrogen* and he would now and then frighten the Ichthyosauri and Megatheria of the ancient world, and of conflagrations comical, as of old *Vulcan's* tongs and anvil, kindling them before his eyes with the very bolt he was forging. This, however, he added, with a sly glance at his old partner *Nitrogen*, who sat near, was before marriage had sobered down his spirits and tamed his impetuosity.

I have no space to chronicle more of the freaks of *Oxygen's* early youth, nor any of the sayings and doings of others of this memorable night's party, else I might relate the marvelous story *Nickel* had to tell about the manner in which he managed to deceive and wrong the miners of former days, by making them believe that he was the parent of *Copper*, until at length they concluded that he was an evil spirit, whose sole object was to interrupt their operations. I would tell too of the drolleries of *Nitrous Oxide*, that funniest, queerest, craziest of youngsters, and how *Phosphorus* made a flaming speech, and *Potash* a caustic one, and how *Mercury* proposed as a toast, "the medical profession," to whom we say "use us but don't abuse us." I must speak however of a curious little by-scene I chanced to witness. It was a flirtation that *Platinum* was

carrying on with *Hydrogen*, whom, much to my surprise, I found seated up among the metals, and quite at home among them too. There was quite a contrast between *Platinum*, grey, heavy, and dull as he was, and the light and buoyant creature by his side, but there soon seemed to be evidence of some mutual attraction between them.

So passed the evening, all went on "merry as a marriage bell," with nothing to mar the good humor that prevailed, until in an evil hour *Sulphuretted Hydrogen*, a disagreeable fellow, against whose appearance at the banquet most of the company had protested, entered the apartment with a very offensive air. In an instant the whole family of metals, to whom he is particularly obnoxious, changed color. *Lead* fairly grew black in the face with indignation; *Arsenic* and *Antimony* seemed to be jaundiced with rage; *Ammonia*, to whom his presence recalled very unpleasant associations, in trying to avoid him, precipitated several metallic oxides on the floor, while *Chlorine*, with more self-command than the rest, advanced with a firm step to expel the intruder, looking as if she were about to annihilate him on the spot. Well, at this crisis, he spied *Nitric Acid*; and knowing that his destruction was certain, if they should come in contact, he at once withdrew, very much to the satisfaction of the whole company.

How the scene might have terminated I know not, for just at that moment a strange sound of awful import, like the trampling of a mighty host, came to my ears. I felt sure it was an earthquake's voice, and that now my fate was sealed. My knees tottered under me—the arching grotto and the festive board gradually vanished from before my eyes, which opened upon the class as they were leaving the laboratory of our worthy professor of chemistry, where, it seemed, much to my confusion, I had fallen asleep during lecture, and

"Dreamed a dream in the midst of my slumbers."

S. R. H.

EDITORIAL AND MISCELLANEOUS.

Original Communications.

Most subscribers to medical journals read every word they contain, and, as a general rule, they are not slow in passing their opinions on the merits of the original communications. This is all as it should be; but when an individual who is a practitioner undertakes to criticise severely the style or matter of a contributor to a journal, he should first be sure that he has given public evidence of his ability to write an article of equal merit with the one in question. If he is not himself a *contributor*, he runs much risk of being esteemed presumptuous when he *privately* criticises that which he dares not attempt. Talking is easy, but talking good sense is difficult, and writing well is still more so. Those who write for publication, do a praiseworthy act (however ridiculous their articles may be) in comparison with those who do nothing but criticise. They offer their services to do public good, whilst those who write nothing, but talk much, are eulogists of their superior selves.

These reflections are suggested by the fact that many of our contributors' articles are severely criticised in private circles by those chiefly who never do anything to place themselves upon an equal footing with the authors.

We are well aware that since its existence, this journal has published original articles which were almost ridiculous, and which were worthy of criticism; but the place for such is its own pages. We have been compelled very often to reject contributions, because they had no merit nor point in them, but we have often given place to those which we could not presume either to endorse or to condemn—we left that for others to do, affording them the same medium. We confess, however, to what may be a great sin to our patrons, viz: the publication of papers which contained scarcely aught else

than error of practice, diagnosis, or style. But we have generally supposed that though our readers may not have needed such landmarks of error for beacons of their rectitude, they would at least be charitable enough to excuse us upon the score of the great quantity of real, substantial and invaluable information which we *sell them for three dollars a year*. The bad matter we give, *gratis*; and those who do not want it, or those who don't think that they get three dollars worth a year, have one of two things to do: they are to stop their support to the journal, or add to it by contributing more freely to its pages and furnishing it with a better material. Our pages are large and numerous, and they must be filled. If we can get good matter, we surely will prefer it to bad; and whenever we find that we can get no contributions, we will give up the attempt of conducting a medical press in Virginia.

Heretofore we have had little cause to complain of want of support in this particular. This periodical has been unusually fortunate in the number and value of its contributors; and, taking into consideration the facts that medical men in Virginia had not been accustomed to medical writing for want of a medium, that we have never gone *begging* individuals for contributions, and could not afford to hire them: we feel grateful for success thus far. But it now is necessary to call upon all our friends to support the journal by contributing to its pages. We are confident that we have five hundred subscribers who are capable of furnishing valuable material which they possess and which we need; and for their own benefit as well as ours we beg each one of them to contribute his mite to the joint fund, which shall be equally distributed to them in twelve annual instalments. Of course we neither expect nor want anything from those who desire to see the Stethoscope go down. But to its well-wishers we beg to say, that the second best *material aid* which they can render it is *to write for it*.

Virginia Medical Transactions.

An exchange, in noticing the reception of the Transactions of the last meeting of the Medical Society of Virginia, says: "These Transactions contain nothing but minutes and the president's address. The society must do better in future, or the Old Dominion will loose caste."

We trust that this cause of complaint will never occur again. In extenuation, we must inform our neighbor that there were several papers presented and read, but the society did not consider the condition of its finances sufficiently prosperous to order all its Transactions to be printed. We feel confident, however, that at the next meeting there will be papers and reports enough to make an imposing volume. We learn that several of the committees are busily engaged in preparing their reports. We hope they will all report, and that the "Old Dominion will *gain* caste" next year.

The Fiske Prize.

We learn from a newspaper paragraph that our Petersburg friend and contributor, Dr. J. F. PEEBLES, has borne off this honor for 1852. It will be remembered that Dr. Worthington Hooker, of Connecticut, has been the successful competitor for the last two years, and we hope soon to place alongside of his two volumes the Essay of Dr. Peebles, which has taken this high distinction. The subject of Dr. Peebles' paper, we believe, was *Uterine Diseases*; and from the high character hitherto of the Fiske fund prizes, it must be one which does great credit to the author, and will be anxiously looked for by the profession.

Debate on Quinine.

The uses and properties of quinine will be the subject of discussion at an early meeting of the Medico-Chirurgical Society of this city, when we hope that a very useful and able dis-

cussion will take place. We take this occasion to remind gentlemen who are not residents of the city, that the meetings are held on the first and third Tuesdays of every month, when they will be welcome to listen or to take part. We hope to see a meeting face to face of several of those who have written on the subject of quinine. Whenever it comes up, if they will attend, the oral discussion will be a warm and interesting one.

We open the present number with the address of the committee of the State Society to the profession of Virginia. We have many unprofessional readers in this state, and also numerous subscribers out of it, who look with deep interest upon everything which is being done here towards medical progress, and who would not otherwise see the paper. We then think it worthy of insertion as a public document, and willingly aid in its circulation. Not having examined it carefully, we can make no comments upon it at present, but the subject will be taken up in future. Let the doctors take it up at once.

 See third page of the cover.

Medico-Chirurgical Society of Richmond—October Meeting.

DR. JNO. DOVE, *President, in the Chair.*

(Present Twenty-one Members.)

The October meeting was held in the Medical Hall of Virginia, on Tuesday evening, 5th inst. After the reading of the minutes and going through the regular order of private business, the subject of discussion for the evening was called up. Dr. DOVE begged the society to excuse him for not being prepared to discuss the question which he had proposed for this meeting; and at his request a motion was made and carried, postponing the subject until the November meeting.

The committee appointed to procure the signatures of the members of the society to the preamble, constitution and laws, reported that forty-eight names had been enrolled. After some discussion, it was decided that all the members of

the meeting which adopted the constitution and who voted for it, were now members of the society.

On motion of Dr. BEALE, the constitution was so altered as to make regular meetings on the 1st and 3rd Tuesdays of every month, and that the appointments of subjects for consideration be made at every meeting for the one succeeding the next.

In accordance with instructions, the treasurer presented a financial statement of the probable expenses of the organization and first year of the society. This estimate having been discussed and adopted, the annual contribution of each member for the present fiscal year (ending on the day when the first year's room rent expires) was then fixed at the sum of nine dollars.

Dr. BOLTON made some remarks on a case of retention of urine, which presented some features of interest.

Without engaging in further exercises of interest, the society then adjourned.

The hall is now handsomely fitted up, and its walls are being gradually stored with valuable books and preparations. We hope always in future to see the meetings well attended, not only by members but by our brethren from the country who may be sojourning in our city. It will not be long before the attractions in the library and cabinets will be sufficient to make it an attractive place of resort for professional men.

In the name of the committee of the State Society, we again request the physicians of the state to forward to them contributions to the library, herbarium and pathological cabinets, as soon as may be convenient.

Essex County Medical Society.

In pursuance of a call previously made, the physicians of Essex assembled in Tappahannock, on Monday, (October court day, 1852,) for the purpose of organizing a medical society.

On motion, Dr. THOMAS C. GORDON was called to the chair, and Dr. THOMAS LATANE appointed secretary.

After some consultation, it was deemed advisable to defer a complete organization until Tuesday, the 9th of November, if fair; if not, until the next fair day thereafter.

On motion of Dr. ROY, Drs. GORDON, JEFFRIES and THOS. LATANE were appointed a committee to draft laws for the government of the society.

The following preamble and resolutions were then adopted:

Whereas the extension of knowledge upon all subjects pertaining to the healing art, and the improvement of the capacities of those to whose skill and attention the suffering community is entrusted, are matters of deep interest: Therefore, we, believing these objects may be best attained, and a more friendly feeling among physicians promoted, by a systematic organization of the profession—*do resolve*,

1st. That we invite and solicit the co-operation of other members of the profession, in organizing a medical society for Essex.

2d. That a copy of these proceedings be sent to the Stethoscope, and another to the Tappahannock Gazette, with the request that they be inserted in the same.

THOS. C. GORDON, M. D., *Chairman*.

THOS. LATANE, M. D., *Secretary*.

American Medical Association.

At the meeting of the Association, held at Richmond, Va., May 1852, the undersigned were appointed a committee to receive voluntary communications on medical subjects, and to award two prizes of \$100 each to the authors of the best two essays.

Each communication must be accompanied by a sealed packet, containing the name of the author, which will be opened only in the case of the successful competitors. Unsuccessful communications will be returned on application after June 1st, 1853.

Communications must be addressed, post paid, to the chairman of the committee, Dr. Joseph M. Smith, 56 Bleeker st., New York, on or before the 20th of March 1853.

JOSEPH M. SMITH, M. D.

JOHN A. SWETT, M. D.

W. PARKER, M. D.

GURDON BUCK, M. D.

ALFRED C. POST, M. D.

New York, Sept. 17th, 1852.

Editors of medical journals in the United States are respectfully requested to copy the above.

Reviews and Bibliographical Notices.

On Syphilis, Constitutional and Hereditary; and on Syphilitic Eruptions—By ERASMUS WILSON, F. R. S., Author of a Treatise on Diseases of the Skin, etc.—*With four colored Plates.* Philadelphia: Blanchard & Lea. 1852. 8vo. 284 p.

Mr. Wilson is the Ricord of England. Few men have possessed a more ample field for observation on the subject of this treatise than he has; and in addition to his almost unlimited opportunities, he has written as he has investigated, with a boldness and independence which must command the highest respect. Without the slightest feeling of jealousy, our author pays tribute to his rivals, Ricord and Acton. In many points he agrees with them, and adopts the views laid down by the former in the treatment of the various stages, viz: During the first three or four days of the existence of chancre, it may be rendered harmless by destroying the hidden virus with caustic: afterwards its antidote is mercury; and when the tertiary condition supervenes, the reliance is to be placed in the effects of iodine.

The induration attendant upon a true Hunterian chancre is regarded as an evidence of contamination of the whole system, but the usual antecedent—chancre, whether indurated or not—is not necessary to the subsequent development of constitutional syphilis, secondary to tertiary. The inception of the *one poison* may be marked by merely the common blennorrhœa or gonorrhœa, and all the numerous shades and differences in color, locality, violence, &c. are merely the modifications of development of *one eruption*. Whatever differences in the symptoms and character of eruptions may appear in the variety of cases, the author attributes them to one cause, to one single poison.

Though his book is an elaborate one on the whole subject, the author has devoted much the larger and more interesting portion of it to the “evolution of the syphilitic poison by the skin,” and this is the portion which will be received as the newest and most valuable contribution to pathology.

The four plates are good illustrations, but slightly exaggerated, and the execution of the work is highly creditable to the publishers. We received the book from A. Morris, Richmond.

A Practical Treatise on Diseases of the Skin—By J. MOORE NELIGAN, M. D., M. R. I. A., Honorary Fellow of the Society of Physicians of Sweden, Physician to Jervis street Hospital, and Lecturer on Practice of Medicine in the Dublin School of Medicine. *Philadelphia: Blanchard & Lea.* 1852. 12mo. 333 p.

This book has been received from the publishers through A. Morris. It seems to be a modest and unpretending affair, unaccompanied with plates or details of cases, and unenlarged or improved by an American editor. Dr. Neligan is an able and distinguished member of the hospital corps of Dublin, and his numerous writings for the medical journals have given him a most favorable introduction to the profession everywhere. Instead of bad plates, he gives us his experience in a plain and concise manner. Running over, in separate chapters, each order of cutaneous malady, he makes his treatise truly practical, and of easy and valuable reference to the physician. In the largest private practice in our country, the cases of skin diseases are not sufficiently numerous to keep the practitioner very familiar with that department of pathology, so this little but complete work must be found of great service to all who are not possessed of some other manual on the subject. In comparison with the numerous works already published on the same subject we have nothing to say, farther than that Dr. N. is not so much absorbed in the specialty as to place the usual and undue reliance upon local treatment and external applications.

General Pathology, as conducive to the establishment of Rational Principles for the Diagnosis and Treatment of Disease, a Course of Lectures delivered at St. Thomas Hospital during the Summer Session of 1850—By JOHN SIMON, F. R. S., one of the Surgical Staff of that Hospital, and Officer of Health to the City of London. *Philadelphia: Blanchard & Lea.* 1852. 8vo. 211 p.

It would be useless to enter into an examination of these lectures. Their original publication in the *London Lancet*, and the wide circulation which that valuable journal has already given them, have afforded an ample opportunity for criticism, and their publication in separate form must give great satisfaction to all who do not take and bind the *Lancet*.

In the limited space of 211 pages one cannot expect to find an elaborate or systematic treatise on general pathology, but

in the twelve lectures here published the reader will find much instruction on numerous points of the greatest importance. The author takes up his subjects, and methodically discusses every point of modern and ancient theory respecting them. His observations are wise, and his conclusions are orthodox and in unison with the results of the latest experimental research. We cordially commend the work: it may be had of A. Morris in Richmond.

The Physicians' Visiting List, Diary and Book of Engagements for 1852. Philadelphia: Lindsay and Blackiston.

This is the second year for which the publishers have furnished this invaluable convenience to every physician. All those who had one last year will get another, and those who have never seen one will order it immediately, if they are aware of the plan. It is a small, compactly bound pocket-book, with the following CONTENTS: Almanack, Preface and Explanation; Table of Doses, Poisons and their Antidotes; Acts of Am. Med. Ass., with Blank Visiting List for 25 patients for every day in the year; Leaves for Memoranda of Addresses of Patients, Nurses, Accounts, Wants, Obstetric and Vaccination Engagements, Books, Instruments, and other things lent.

It costs 75 or 50 cents, and is intended for the breast pocket.

Operative Surgery Illustrated, containing more than 1900 engravings, including 200 original and 50 colored drawings, with explanatory text—By R. U. PIPER, M. D., with Prof. BIGELOW's paper, from the Transactions of the Am. Med. Ass., on the Uses of Ether in Surgery, appended. Boston: Ticknor, Read & Fields. 1852. 8vo. 384 p.

We are indebted to the publishers, through Messrs. Nash & Woodhouse of this city, for the above work. Many persons, we doubt not, will esteem it a splendid and invaluable one. Here are nearly *two thousand* drawings, cuts, plates, pictures, engravings, and colored prints of scissors, knives and other instruments, bandages, splints, stumps, flaps, incisions, sutures, positions, deformities, apparatus, and all the other paraphernalia of operative surgery.

The text is so near nothing, that the *engravings* are not *illustrated*.

The thing is a real *picture book of surgery*, and it will doubtless be held in the highest esteem by the students in the A B Cs of medicine.

Letters from Professor P. F. Eve.

LONDON, July 31st, 1852.

My Dear Colleague—Within the few days since my last letter was written, I have seen the Hunterian museum, Guy's hospital, St. Thomas and St. Bartholomew. Were I sentimental, I might add I have seen Prof. Owen, the great naturalist, the veteran surgeon Dr. Lawrence, and Dr. Babington, and stood by the grave of Sir Ashley Cooper.

Hunterian Museum.—Mr. Owen.

Of the three great men of the age—and I name them in their proper order—Humbolt, Arago and Owen, I have the high honor of making the acquaintance of the latter. I found him in his study in the Hunterian museum, hard at work, but which he immediately left and accompanied me into the immense collection of comparative anatomy, physiological and pathological specimens, of which he is now the curator. The gymnoticus, or electric eel, is here beautifully delineated by Mr. Owen—we see first the natural fish, then its voltaic-like battery greatly magnified, and the wires (nerves) for conveying the electricity. He mentioned to us a peculiarity in the common gar fish, which is, that of all its species it alone could shake its head. At the junction of the head and neck in the vertebræ, there is an orbicular articulation or balance socket-joint by which this movement could be made—so that Mr. O. humorously remarked, this the gar usually did (shake his head) when taken out of the water, to signify he did not like it.

The celebrated case of *injured chest*, which I had seen before, was pointed out to us, as also another of more recent occurrence. The first is that of having the body transfixed by a gig-shaft, the patient living *eleven* years after the accident. A gentleman unaccustomed to horses, drove one up to the door of a stable, and wishing to unharness him, took off first the bridle. The animal seeing the vehicle behind him, became alarmed, and plunging into the open door, transfixed his master with the shaft. Seeing his imminent danger, two persons came to his relief and drew him off the end of the shaft. He applied both hands to his chest and said, "I don't

think the vitals are touched," and immediately fainted. The exact nature and extent of the injury were not ascertained until after the death of the patient, which took place eleven years after the accident. The foreign body passed from the left through to the right, taking the intercostal spaces of the second and third ribs of both sides. It fractured the second and third ribs of the left and the second of the right side, and also the sternum transversely. The tug of the shaft passed not only into the thorax but penetrated the left lung, a portion of which is still seen adherent to the internal costal surface. Both lungs were transfixed. The life of the patient, as Mr. O. stated, was undoubtedly owing to the bluntness of the instrument causing the wound, making it valvular and preventing fatal hemorrhage. The anterior portion of the thorax of this patient as a wet preparation and the shaft of the gig are both preserved in this museum, and are exhibited as a most extraordinary instance of recovery from extensive injury.

The second case of wound in the thorax occurred to a sailor in 1843. The end of an iron rod attached to a yard for hoisting sail in a vessel, in its fall struck this patient, fractured his lower jaw, the clavicle of the left side, entered and then transfixed the thorax. The pericardium of the heart was wounded, (Mr. Owen observing he could see the heart pulsate,) and the rod coming out just below the left scapula, stuck into the deck of the ship. The chest of this man, there is reason to believe, was thus compressed down to about four inches. He is still in good health and follows his avocation at sea. The left lung was no doubt transfixed in this case.

These instances remind us of the somewhat similar cases which occurred in our Mexican war. I allude especially to the wounds of Gen. Shields and a private from Memphis in one of the Tennessee regiments.

The bust of John Hunter recalled instantly the classic face of my great master, and his greatest of pupils, Philip Sing Physick. Mr. Owen said this resemblance is noticed by most Americans.

Professor Owen is about fifty-five or sixty years old, and has a peculiar whimsical expression; a countenance never to be forgotten, with a wide, expansive forehead, indicative of deep thought and profound study. But the wonderful modesty, the child-like simplicity, even amidst his gigantic works, mark the philosopher. In him I have seen the greatest mind of Great Britain, and, next to Humbolt and Arago, of the world. He has promised me a visit before I leave London, and says a barrel of gar-fish put up in spirits would be a very acceptable present from America. This I take to be nearly as cheap

as Diogenes' request for his friend to stand out of his sunshine, when he asked what he could do for him.

The Hospitals of London.

These charitable institutions are chiefly founded upon subscription. They are managed most creditably to all parties concerned. I consider the new one, called the St. Mary, the *model* hospital, and the chief surgeon, Mr. Wm. Coulson, one of the most gentlemanly persons ever met with in our profession. In St. Bartholomew Dr. James Paget is the present curator of its excellent museum, for each hospital is a medical school within itself. He is considered one of the best anatomists in this city, and a most promising young surgeon. I met here, too, old Mr. Lawrence, the veteran surgeon of London, whose acquaintance I made twenty-two years ago. I am happy to state that *he has retracted all of his infidel sentiments*—to the honor of the profession be it said, and that like our own Henry Clay, bending under the weight of years of labor and usefulness, he is calmly waiting the approach of death. He does not operate, but still may be consulted, and visits the hospital.

In the museum, which is quite extensive, are busts to Percival Pott, England's first great surgeon, the eccentric John Abernethy, Henry Earle, and good old William Harvey. I saw Dr. Paget operate for hair-lip, using long steel needles, and then Mr. Stanley cut for stone in a boy four years old. The calculus was very small. The bistoury alone was employed in performing the lateral operation. Mr. Skey was also present. The only peculiarity I noticed was emptying the rectum by a tube before operating. All these surgeons were exceedingly kind, and Mr. Stanley especially complimentary to our country. I was regularly added to their consultations in two or three cases. One was the decision in reference to amputation in the case of an omnibus driver, (a hard drinker,) who three weeks ago had sustained a compound comminuted fracture of the lower portion of the humerus. Delirium tremens had now supervened, and his condition was imminently perilous. Mr. Lawrence was for the amputation of the arm a week ago; Mr. Paget decidedly opposed, and Mr. Stanley inclined to it. Upon the whole, it was thought best to defer it. The man will die no doubt. I find in this hospital Liston's method of amputation generally followed, viz: the double flap.

Mr. Skey voluntarily told us he had cut for stone within four months, and that none could be found.

Mr. Paget was engaged with the microscope, and asked if we did not believe in the difference of epithelial from parenchymatous carcinoma. He was answered in the affirmative. I cannot, however, but believe that the microscope is still uncertain and indefinite. I might have told you that Velpeau had assailed the truthfulness of its observations, and Nelaton asserted that two microscopists of Paris had returned to him different opinions—one declaring the pathological specimen was cancerous, and the other that it was not, of the same diseased lip.

Guy's hospital was founded by the munificence of one man—a Mr. Guy, merchant of London, and at one time a member to parliament. This was the field of Sir Ashley Cooper's labor, where for years he worked most assiduously; and the museum, which is next to the Hunterian collection, presents numerous splendid specimens prepared by his own hands. His remains are here deposited with those of Mr. Guy, in the chapel of the hospital. A monument has been erected to his memory in St. Paul's cathedral, by his pupils and friends. In this museum I was particularly struck with a wax model of the dissection of the head, neck and arm, by Mr. Hilton. It was on exhibition in the crystal palace last year. It is here that wax preparations of a most beautiful and truthful description greatly abound. Mr. Bransby Cooper, nephew of Sir Ashley, is the chief surgeon to Guy's hospital, and Drs. Babington and Barlow its physicians. It and King's college hospital are undergoing extensive improvements. That our Nashville friends may understand how the funds are raised for these alterations, I mention the fact that one gentleman gave \$2,500, and *seven* others have followed his example.

Breweries of London—Carbonic Acid Gas.

I accepted the invitation to inspect Barclay, Perkins & Co.'s brewery of porter, ale, &c. It was established ninety years ago. The capital invested is \$35,000,000. It covers thirteen acres near London bridge, employs 400 men and 160 horses, and an engine of 40 horse power. 2000 barrels of fermented drink are turned out per day. The Thames water is preferred—an artesian well of 300 feet deep gives an abundant supply, but it is too *hard* for use. But the medical point is the great quantity of *carbonic acid gas* generated in the manufactory of these compound, and I may add, *confounded* drinks. As soon as I entered the premises, my eyes began to smart, and I came home to suffer the whole afternoon and evening from them. The phenomenon which attracted the

attention of Dr. Black fifty years ago, is here manifested on a large scale. The gas, after filling the immense vats, pours over the edges upon the floors, and descending into the lower parts of the building, has extinguished life in several instances. This mysterious agent is of course invisible and insensible too, as you stand up higher than the vats; but bring your nose to the edge, and you are made to rebound by the pungency of the odour. Dip your hat into the vat, bring it out on a level, and it apparently contains nothing but atmospheric air; but turn it then over your face, and you are instantly made sensible that it contained another æriform fluid, which will also extinguish all flames. How soon the mystery of these phenomena would cease, were this gas only colored!

A visit to the British museum convinced me that it was worthy of this great nation. It is peculiarly rich in its Egyptian collection, mineralogy and zoology. The library I did not see, but know it to be most extensive. When editor of the Southern Med. and Surg. Journal, application was made more than once for the volumes for it. You may calculate upon a similar call before long upon you for the Nashville Medical Journal.

Prof. Owen has called and presented me his work on the Megatherium—also sends by me a copy of the same to Prof. Means of Georgia.

I am to leave London with much regret—having been greatly gratified by this visit, and truly fortunate in having met with so many of its distinguished surgeons within so short a period and at this season of the year.

One subject has pained me, to see so many Frenchmen, some of our own profession, living in comparative destitution in this city, *exiled* from their own country by one of the most despotic governments that ever cursed la belle France. Dr. Deville I met several times: he is certainly one of the most learned of his age in medical science, was chained to a common criminal, lived on beans, was banished to Cayenne, when the faculty of Paris interceded for him. He is a true republican.

I have now but to revisit Edinburgh and Dublin before bidding adieu to old Europe, and this may be my last transatlantic letter. A few reflections may not be amiss.

The comparative estimate of life in the old and new world.

This strikes every American. It is said that not an accident occurred at the exhibition in the crystal palace last year in London. How perfect must have been the arrangements

which permitted the commingling of nearly 100,000 strangers a day in a very limited space for months together without one serious result to human life. But everywhere in France, Germany and Great Britain, every precaution seems to be exercised. It is not simply, *look out for the engine when the whistle blows*, but you shan't go in the way of it, for bars are put up on the railroads as the trains pass. And then, every death, every accident is most thoroughly investigated: the coroner, as he always should be, is an educated medical man, and the guilty are promptly punished. In no country is traveling so well regulated as in France. While property is well secured by the laws of the United States, life itself, it must be acknowledged, is there too often sacrificed most recklessly. It is high time some means should be adopted to check the impatient career of young America. The strong arm of the law, imposed by enlightened public opinion, should be made to bear upon this subject throughout our country, but especially in the great West.

The intercourse between the old and new world.

This is still very limited, if we except American travelers. In the report for the month of June in Paris, this year, of 6050 strangers, there were 512 from the new world. The literary intercourse, barring the *thieving* between the two, is yet not much. A genuine yankee said to me the other day, there was but little difference between the parties. Both deny the copyright to authors: the old produces most, but the little original written in the new world is republished without any acknowledgment of the source. I could not find the *Translations of the American Medical Association* on the Continent, and heard of but two copies in London, and I believe I may add, in Great Britain. Postage is still most extravagantly high throughout Europe, with the single exception of letters in this government. Under these circumstances our medical journals are seldom if ever seen. The *Lancet* is about the only periodical of the profession in Great Britain, as the *Times* is *the* only newspaper. Not only are the *provincial* medical journals published in London, but even one for *Dublin*, and that is a weekly issue. Liverpool has yet no daily paper for its 45,000 inhabitants, while Nashville issues six for less than 20,000.

Increase of liberal sentiments in Europe, particularly in England.

This is gratifying to every American. During this, my fourth visit to the old world, this subject has been quite appa-

rent. I have heard one of the editors of the London Lancet maintain the opinion that it was of no importance where the candidate for the honors of the profession obtained his medical knowledge, so he possessed it. No special hospital, no favorite professor, no fashionable school conferred it, said he, but every man must be tried by his own merits. This you will admit, as I did, is good republican doctrine. On every side we behold these sentiments becoming more prevalent. Checked they may be at present in France, but the world is improving, growing wiser, and man's inhumanity to man gradually ceasing, to be known, we hope soon no more.

PAUL F. EVE.

EDINBURGH, 7th August 1852.

Visit to Prof. Simpson, the introducer of Chloroform.

My dear Colleague, Prof. Watson of the Nashville University.

Occupying as you do a corresponding position in the great profession to the great teacher of *obstetrics* in the great capital of Scotland, I have thought it appropriate to address to you what I saw of him to-day. I have had the enviable privilege of not only making his acquaintance, but have seen him *operate after administering chloroform*. Having visited the Edinburgh University, Herriot's, Dawson's and Donalson's magnificent hospitals, each founded by the munificence of individuals bearing these respective names, I next sallied forth to call upon Professors Miller and Simpson. The first mentioned was out of town, but the latter I found in the midst of his patients. He promptly acknowledged my small contributions to the early introduction of his special anæsthetic agent in our country, and invited me into his private operating room, to reach which we had to pass through *two stories of women* in attendance upon the consultation of the Doctor. There were three other professional gentlemen with him: one, Prof. Retzius of Stockholm, Sweden. He is the professor of obstetrics, and is brother to the distinguished professor of anatomy. He too had come to visit the great Scotchman, who has the high honor of having given to the world the best of all anæsthetic agents.

Amenorrhœa—one certain emmenagogue.

Prof. S. had just operated upon a case, that of cupping directly the uterus for amenorrhœa. The fluid extracted was

subjected to the microscope and exhibited *blood* corpuscles as well as those of mucus and epithelial cells. This method to bring on menstruation is resorted to when other means have failed, and is only adapted to a certain number of cases. A stem pessary he also frequently employs, composed for this particular purpose of two metals, say zinc and copper or silver, so as to excite galvanic action. These instruments are generally made of German silver, are of oval shape, of about one and a half by two and a half inches in size, and from their centre projects at a right angle a stem of two inches in length. To introduce this pessary the stem is placed flat upon the body of the instrument, passed into the womb, and then by a spring maintains its position in this organ, while the whole is retained in the upper portion of the vagina. I saw one removed that had been worn ten months without any inconvenience, but on the contrary, with advantage. No difficulty is experienced in wearing them. Should the ordinary treatment for amenorrhoea fail, and galvanism produce no effect when applied as described, then, as the dernier resort, a long catheter is introduced into the womb, and a suction pump adapted to its external extremity. This is the direct cupping of the uterus, and is surely one certain emmenagogue. Of course, if the ovaries are at fault, nothing can re-establish menstruation; hence I have stated this heroic measure, the immediate action upon the womb itself, must be applicable to only a limited number of cases. The sudden congestion of this organ by this means must often result in the irruption of the menses, and may be added to our means to effect this end.

Retro-version and retro-flexion of the uterus.

For these, Dr. Simpson relies on his stem pessary. In a case just arrived from Aberdeen, the patient was placed deeply under the influence of chloroform, the misplacement clearly ascertained, and as the ostinæ would not admit the stem, it was freely encised in opposite directions. The patient was to return in a few days to have a pessary adapted to her case. I was much surprised at these bold operations upon the womb; and they go far to establish the position of Jobert of Paris, that its internal surface is insensible. The instrument of Prof. S. for stricture of the os tinæ resembles the lithotome cache, the handle being much longer.

Fulse Conception

Is readily detected by the relaxation produced in the abdominal muscles from the effects of chloroform.

Prof. Simpson's mode of administering Chloroform.

He poured on a towel about half an ounce of this fluid, and applied it closely to the nose and mouth of the patient. It was there retained, say about two or four minutes, until the patient had passed into stertorous breathing. Indeed it seemed to be recklessly administered, so obviously was confidence placed in its harmlessness.

Everything that I saw of Prof. S. during this brief visit impressed me with the sound philosophy and great merit of the man. He is, in my estimation, justly entitled to all the honors bestowed upon him by his professional brethren throughout the world, and has conferred an inestimable boon on suffering humanity. To him, and to him alone, belongs all the praise of introducing the best anæsthetic yet known in the practice of the healing art.

Professor Simpson is about fifty years old, is a short, stout built man, with broad shoulders, short neck and large head, covered with a profusion of dark colored hair, which he wears quite long. It was four P. M. when I called upon him, and found his house then thronged with female patients, not less than sixty, I should think.

Yours truly,

PAUL F. EVE.

To Prof. WATSON.

For Nashville Journal of Med. and Sur.

Physiology of the Liver.

LESSONS OF M. BERNARD, IN THE COLLEGE OF FRANCE.

(Translated for the Stethoscope.)

The organs intermediate between the intestines and the heart are, on the one hand, the venæ portarum, the liver and the spleen; and on the other hand, the chyliferous vessels, the mesenteric glands, the thoracic duct and the veins into which it empties. All of these organs evidently modify substances which are absorbed. Galen spoke of these modifications, and insisted on the importance of the liver in regard to them. According to him, it is the function of this organ to decoct the alimentary substances; he compared its action to that which takes place in the formation of wine: one portion was supernatant—this was the bile: another portion descended into the

spleen, this was the dregs or splenic sediment; the blood itself was the wine. Galen, ignorant of the circulation, blindly established this theory; yet one may perceive that it has a foundation in truth. It prevailed for fourteen centuries. It was first attacked by Vesalius, and afterwards by Van Helmont, and yet more zealously by Azelli, who first discovered the lymphatic vessels, yet without finding their outlet. Pecquet, lastly, having discovered the reservoir which bears his name,* and the entrance of the chyle into the blood, gave the last blow to the theory of the celebrated Roman physician.

The discovery of the circulation towards the middle of the seventeenth century completed the entire desertion of the liver in favor of the lungs. Thomas Bartholin, who had participated in the researches of Azelli, sustained with violence the new ideas: he annihilated the functions of the liver; and as it was of no farther service in the economy, he wrote its *epitaph*. One can hardly form a conception of the passion and stubborn animosity with which these discussions were carried on. We must descend even to the time of Magendie to see the functions of the abdominal venous system restored. It is universally known that this great physiologist has shown, by incontestable experiments, the part which this system plays in the process of absorption.

M. Bernard announces that he inclines to the doctrine of Galen, inasmuch as he will prove the immense importance of the liver. He will advance only upon the basis of rigid experiment, and thereby he hopes to induce his hearers to adopt his mode of thinking. He will not encounter such spirits as those of the professors of Montpellier, before whom Pecquet repeated his experiments. Those professors did not believe it possible to apply to man principles derived from experiments on animals: they indignantly asked, What would become of the science laboriously accumulated, if they suffered it to be thus overturned? Following the example of Rivière, who replied to them that the senses alone should control our belief, it is to the senses that M. Bernard will continually appeal.

It will be necessary to renounce several received ideas derived from collateral sciences when we enter upon questions relative to the process of absorption. Although these sciences have often contributed to the progress of physiology, yet it is certainly an error to suppose that here things take precisely the same course as in a laboratory. If the gastric

* The dilatation by which the thoracic duct commences (receptaculum chyli) opposite the second lumbar vertebra, is usually called "*réservoir ou citerne de Pecquet*" by French anatomists. See Cruveilhier, tome 3, p. 141. Trans.

juice acts in a glass just as it does in the stomach, yet there are other phenomena which depend upon nervous influence, and which cannot be demonstrated by chemistry.

Moreover, dissections and injections cannot show upon the dead subject how certain substances pass from one sanguineous system to another, whereas experiments upon animals exhibit beyond a doubt the changes of course which occur during life. The disagreements of physiologists have frequently no other cause than this, that they experiment under different circumstances.

There are on the surface of the intestines two orders of vessels, which absorb the veins of the portal system and the lymphatics. The first take up all albuminous, nitrogenized, and saccharine soluble matter. The second are loaded chiefly with fatty substances.

M. Blondlot admits that the villousities of the intestinal veins have a peculiar arrangement, by means of which they inhale some substances, such, for example, as the prussiate of potash; while the lymphatic vessels cannot take up this body. This is an error; for M. Bernard has established the fact that the prussiate of potash is found in the chyloferous vessels, only the mesenteric glands, in elaborating the chyle, deprive it of soluble matter, and retain only fatty matters. Sugar also, like the prussiate of potash, is never found in the thoracic duct; but, since its presence has been proved in the primary chyloferous vessels, this is because it is removed by the mesenteric glands.

On the other hand, it is indubitable that many soluble substances are not absorbed. We showed last year, in detailing the curious experiments of M. Bernard, that the poison called *curare veneno*, and the venom of the viper, do not enter the blood, unless there is a lesion of the mucous membrane with which they are in contact; and also that this phenomenon occurs in some other substances: such as pepsin, diastase and emulsin. The same fact obtains in regard to putrid and virulent matter. If we introduce a putrid substance into the blood, typhoid symptoms supervene; but these do not occur if such a substance only enters the digestive passages—at least, unless these contain sulphuretted hydrogen. As to virulent substances, if they are not absorbed, it is because they happen to be deposited upon a thin layer of mucus, which serves the purpose of epithelium. It is thus that we can explain the experiment of Mr. Cullerier, as well as the singular observation of M. Ricord, both of which are detailed in a letter by the latter, inserted in *L'Union Medicale* of April 23.

When animals are fasting, the vessels of the portal system

have an easy task; for then they receive only the blood of the mesenteric arteries. But when digestion commences, alimentary matters, with a flood of secretions besides, by means of absorption, enter the portal veins, which continue moreover to receive in the same quantity the blood of the mesenteric arteries. The liver is then gorged by an enormous mass of liquids; the blood, accumulating in it as in a sponge, greatly augments its volume and deepens its color. When digestion is concluded, the blood resumes its course and the liver returns to its natural size, form and color. These phenomena, in fact, are common to all organs which are intermittent in their functions. With the view of determining the amount of blood contained in the liver during the period of digestion, M. Bernard has made the following experiment: He took three rabbits of the same litter—the first was fasting and weighed 650 *grammes*;* its liver weighed 36 *grammes*; the second, which commenced to digest and which weighed 690 *grammes*, presented a liver which weighed 38 *grammes*; while the third, weighing 700 *grammes* and in full digestion, had a liver of 60 *grammes*. Taking into consideration, then, the relative difference in weight, there was still a very notable augmentation of the bulk of the liver during the period of digestion.

We will not follow the professor in the views which he develops in regard to the general arrangement of the circulatory system of the liver, in regard to the ultimate structure of that gland, and in regard to its secretions. It is now perfectly well known, that all animals which possess a liver, are provided with portal veins emptying into that organ, and that the four instances in which the portal vein emptied into the vena cava without traversing the liver, are either contested or are so explained as to prevent them from rendering doubtful the important functions of the liver. We are also acquainted with the different propositions which have been advanced by authors in regard to the origin of the biliary passages: some insisting that they commence by a cul-de-sac—others by the plexuses which surround the hepatic artery and vena porta. As to the products of secretion: one, known from the earliest times under the name of bile, escapes by the intestines; another, the discovery of which is but recent, the sugar, ming-

* MEASURES OF WEIGHT.

French Measures.	Approximate Value.
1 centigramme,	1-5th of a grain.
1 decigramme,	2 grains.
1 gramme,	20 grains.
10 grammes,	2½ drachms.
100 grammes,	3 ounces 2 drachms.
1 kilogramme,	2 pounds.

ling with the blood of the liver, issues from that organ by the hepatic veins and goes to the lungs, where it is destroyed. The blood which arrives at the liver is then decomposed into sugar and bile. May not the bile be in some way only the molasses of the sugar? We shall find that there are, moreover, two other products of secretion in the liver.

Faithful to the promise which he made in the beginning, that he would proceed only upon the basis of rigid experiment, M. Bernard concludes these preliminaries by showing his class the method for obtaining chyle and genuine blood of the portal vein. Peculiar precautions are necessary in order to analyze comparatively the blood which enters and that which issues from the liver; for there are phenomena in the circulation, unnoticed by authors, which have been the sources of the gravest errors. We have already noticed, in a preceding report (*compte-rendu*) that the current of blood from the intestines to the liver, ceases as soon as the abdomen is opened, and the compression exercised by the diaphragm and abdominal muscles is removed; the blood from the liver thereupon descends towards the intestines, so that in collecting the contents of the vena porta, we have blood modified by the liver, or at least this blood mingled with that which has not yet entered that organ. This explains the fact that such analyses have not heretofore offered sensible differences.

M. Bernard had a large dog, in full digestion, placed upon his table: he made an incision and placed a ligature upon the trunk of the vena porta; afterwards he killed the animal by puncturing the medulla; he then opened the abdomen; the heart still palpitated. He divided the vena porta below the ligature and collected nearly an ounce of blood. He next isolated the thoracic duct, which, as well as the other chyliferous vessels, is distinguished by its milk-white color; he cut this before its discharge into the venous system and procured about two-thirds of an ounce of liquid blood, which was observed to flow more abundantly as the abdominal vessels were compressed. These liquids, thus collected, were reserved for future experiments. In order to fulfill the programme announced at the commencement of the course, we shall divide this report into five paragraphs:

1. Saccharine matters formed in the liver.
2. Fatty matters formed in the liver.
3. Fibrine formed in the liver.
4. The biliary secretions.
5. The circulation of blood in the liver.

L.

Case of Hepatic Abscess.

BY THE EDITOR.

A—— M——, aged 26, married, of sanguineous temperament, short stature, with dark hair and irides, entered ward 9 Charity hospital in May 1847. She speaks only French, and through the ward student, a Creole of intelligence, I learned the following facts of her case: Has been married about four years, and has one child three years old, has been living apart from her husband about nine months, whose business occupation forced him to go abroad. He returned only once in this interval, about five months ago, and had commerce with her, since which she has never menstruated; believes herself pregnant, as before this she was always regular. Within a month after the interview with her husband, while laughing heartily, she felt a pain in her right side, and shortly after began to spit blood; was treated out of doors for some time, but with only partial relief, as the hæmorrhage would return at intervals, and with increased violence. Her present symptoms are extreme orthopnoea, the horizontal position being as difficult to her as if she were suffering from cardiac asthma, spitting up a pint or more of black blood during the 24 hours, skin somewhat sallow, pulse about 94, unchanged in other respects. Auscultation indicated large and moist rhonchus over upper and middle portions of lungs, such as is observable in the resolving stage of bronchitis; under percussion, thorax is resonant, except over lower lobe of right lung, where it was somewhat duller on both anterior and posterior surfaces, and with a perceptible exaggeration of respiratory murmur; some marked febrile excitement towards close of the day, passing off with moderate perspiration towards morning; nothing abnormal in the sound or impulse of heart, beyond its augmented movement as noticeable in the pulse. Taking her statement, as to the fact of pregnancy, to be true, and finding nothing in the organic condition of the thoracic organs to account for the hæmorrhagic flux, I concluded to regard this as dependent upon the disturbed collocation of the abdominal viscera, inducing functional derangement of the stomach and liver, and manifesting itself by the hæmatemesis, jaundice and slight febrile movement. While this, however, seemed to account for the hæmorrhagy, &c., it left unexplained the extreme anxiety and embarrassment of the respiratory organs, causing orthopnoea, which was the only position she could assume. This I thought might be purely sympathetic, reflected back to the respiratory track through the medium of the par vagum. Re-

solving thus these two prominent symptoms, without a manual examination to test the truth of the belief as to pregnancy, which was unswerving as it was emphatic, I placed her on the elixir vitriol two or three times daily, in quantities of 30 drops in a wine glass of sugared water iced, with two grains of quinine in each glassful, and an enema of infus. colocynth to move the bowels, which were costive. She was continued on this treatment for 48 hours without any marked advantage to any of her symptoms, when I had her transferred to one of the lying-in wards and submitted to a manual examination. This dissipated all belief as to her pregnancy, the uterus being not only perfectly normal in itself, but also in its relative position to the other pelvic organs. Starting with this discovery, and tracing out with like care the abdominal viscera, it was perceived that the liver was somewhat enlarged, passing down below the marginal border of the ribs, and very tender to pressure over the centre right hypochondriac region. I communicated, through the interpreter, to her, my error in accepting her statement as to the facts of her case, and tried to assure her that she was not only not pregnant, but that she was suffering from an affection of an entirely different organ. This displeased her, and she determined to leave the hospital. She was gone about a fortnight, when she returned so much changed as scarcely to be identified. She was emaciated to an extreme degree, yellow as saffron, unable to aid herself in the slightest manner, and with an exhalation so strongly characteristic of destructive suppurative action going on, that I did not hesitate to declare my belief in the existence of hepatic abscess. The odor was such as I have often observed in mammary abscesses, and too peculiar to be mistaken or overlooked. She died within twelve hours after her admission. Autopsic examination about fourteen hours after death, revealed the thoracic organs somewhat dark colored from cadaveric congestion, with a plentiful frothy serum in the bronchial tubes of both lungs; no organic alteration of the left lung or of the right, except in its lower lobe, which was tightly glued down to the diaphragm and to the costal pleura as far as the fifth or sixth rib, both anteriorly and posteriorly; heart natural in size, with its veins somewhat swollen, and two or three drachms of yellow serum in pericardial sac; stomach of natural dimensions, empty and greyish white in color and marmelinated; intestines, except the duodenum, which differed in degree only from the appearance of the stomach, exhibiting no other abnormal appearance; liver much larger than in its healthy state, but confined altogether to its right lobe adherent to diaphragm, of a greenish black or bronzed hue, fluc-

tuating on being struck with the finger, conveying the idea of the presence of fluid within; the gall bladder moderately distended, with seemingly natural bile, and showing no trace of pathological change; portal vein and branches, except a slight stain, presumed to be cadaveric from the infiltration of the pigmentary matter of its blood, healthy; no plastic exudation or purulent deposit discoverable within. On incising the right lobe, matter poured out in a copious stream. The cavity containing it was traced through the diaphragm large enough to hold both fists closed, and running up into the lower lobe of right lung. This cavity was lined with a thick pyogenic membrane. Kidneys were unchanged in every particular. The examination was conducted no farther, except to move the intestines and get a view of the pelvic cavity, which showed no change in either position, size or connection of the uterus. The ovaries to the touch or eye indicated no structural alteration to account for the non-appearance of the catamenia for a term of five months, while the os uteri was as patent as is usual in women who have once borne children. The fallopian tubes were normal.

Sarah Blount, a *femme gallante*, tall and well formed, sick for a long period with secondary syphilis, for which she had been frequently ptyalised, requested me to see her in October 1847. Found her suffering with irritative fever, dependent on a large, fluctuating tumor in the left hypochondriac region, directly over the spleen. She was rapidly wasting away, with an anxious and haggard aspect; says this swelling in her left side has been coming for about three weeks; felt a pain there some time before she perceived the swelling, and had fever occasionally, which went off in perspiration. The swelling pointed directly under the ribs in left lateral region, and fluctuated to every touch of the hand. As some doubt was entertained as to the tissue furnishing this purulent collection, several medical gentlemen were invited to see the case. The most generally acknowledged opinion favored the idea of its being an abscess, confined to the inter-muscular cellular tissue, with one suggestion only as to its seat in the spleen. It was so far to the left, with so much the appearance of a circumscribed abscess of the abdominal cellular tissue, that no shade of opinion hinted at its possible seat in the liver. It was opened, and pus of a normal character voided. She sunk in a few days under a continued irritative fever. The autopsy disclosed the seat of the abscess to have been in the left hepatic lobe, which was enormously developed under the changes favoring the production of suppurative inflammation. It reached entirely across the lateral diameter

of the abdominal cavity, and presented itself under the margin of the ribs over the region proper of the spleen. It was glued to the peritoneum for some inches around, thus constituting, by its firm adhesion, a dense and perfect wall to the cavity. The post mortem ceased here at the request of friends.

Remarks.—The observation which first presents itself on a reconsideration of these cases of hepatic abscess, is the extreme emaciation of its victims. I remember nowhere, except in lumbar abscess, long protracted, to have seen any result of suppurative inflammation approaching these in the degree of waste and consumption of the tissues. Will the recent developments of Bernard of the functions of the liver in elaborating, by its own peculiar action, some of the staminal principles of the system, as sugar, fat and fibrine, help to account for this? Can we assume that in addition to the drain from the blood by extensive suppuration, the special endowments of the liver which form and produce these principles no longer exert themselves, and thus deprive the blood, by a double loss, of its reparative powers? The truth is, that we know so little of the real uses of this organ, that, until very lately, its sole function was supposed to secrete bile, and that this, like the urine, was an excrementitious fluid, the product of the decay and waste of the tissues and unfitted for further service. To that ingenious and brilliant theorist of the Geissen school, we owe some original and pertinent speculations, which have given new interest to this subject, and will likely result in defining more completely our knowledge of all the functions of this organ. The experiments of Bernard, with their astonishing results, have already designated for it still higher rank as an organ capable of elaborating three essential elements of nutrition, and thus contributing to perfect hæmatosis.

It may be remarked, that in our second case only was the secretory action by which bile is formed much disturbed, as was indicated by the intense and all-pervading jaundice. In the other, there was little or no jaundice observed, either in the hue of the skin, in the reaction of the urine, or the color of the adnata.

Our second case offers other points of interest, which are not, however, free of difficulty. Under ordinary circumstances, the patient's belief in her pregnancy was very natural after coition, and the cessation of the monthly periods. This conviction she brought with her into the hospital, and left it, rather than part with so pleasing an illusion, on being informed that her state was not that of pregnancy. In view of her symptoms, the question naturally arises as to the

source of the hemorrhage and its periodicity. Will the morbid state of the mucous lining of the stomach, as revealed by the autopsy, account for it, or shall we regard it as vicarious of interrupted uterine action? And if so, whence did it come? from the stomach or the lungs? That it was an effort on behalf of nature to compensate for disturbance elsewhere, I believe; also that its source was in the stomach. Her statement showed that this hemorrhage alternated between better and worse from the time of its first happening, and that these alternations were more regular than otherwise in their time of recurrence. I have seen a case where this substituted duty was assumed by this organ; and whenever the woman, from any cause, failed to have this hemorrhagic fluxion, she would be seized with violent cramps and nausea. At the present time, I have under charge a colored woman, whose menstrual access is always announced by a hemorrhage from the bowels, none ever passing per vias naturales. This has been the case for seven or eight years, and has frequently been made the occasion of feigning sickness, and thus avoiding work. She had but to say she was purging blood and to produce the *pot de chambre* in proof, when her point would be gained, and at once she would be ordered to desist from all labor, and the doctor sent for.

Again: At what period did hepatic inflammation begin? Shall we suppose it to have originated at that moment, when, on laughing heartily, she felt a sudden pain directly in the region of the liver and side, and since which all her grave symptoms began to show themselves? This was four or five months before death, and was exactly coincident with the first appearance of the hemorrhage. These are points which are capable of reasonable elucidation only by a continuous history of her symptoms and case, which we did not have the means of obtaining. In the extreme dyspnoea which augmented the sufferings of this poor woman, do we see anything beside a profound lesion of innervation? Surely the pleuritic and pneumonic changes of the lower lobe of the right lung are inadequate to account for it.—*N. O. Med. Reg.*

Remarks on the Effects of Iodine on the Glandular System.

BY THOMAS H. SILVESTER, M. D., CLAPHAM.

[Read at the Anniversary Meeting of the Southeastern Branch Society.]

In our journal the question has been asked, Whether atrophy or absorption ever takes place in the glandular sys-

tem from the use of iodine? In answer to this question, I would beg the favor of the present members of the society to allow me to make a few remarks, the result of many years' attention to this point. From 1834 to 1844 a great many patients, suffering under secondary or tertiary syphilis, were admitted into St. Thomas hospital, more especially under the care of the late Dr. Williams, who had gained a high reputation in the treatment of these morbid symptoms. Most of these patients came under my notice and particular observation, and many of the remarkable cases were entered in my note-book, but not one instance of atrophy or absorption of the large glands, occurring in our experience. It was thought advisable, on the recommendation of Lugol, to test the efficacy of the iodide of potassium in scrofulous enlargement of the glands; and in order to give M. Lugol's method of treatment fair play, a most characteristic specimen of these affections was selected. A young woman, fat, florid, and fair, aged 18, was admitted with suppurating glands at the angle of the jaw; and others approaching suppuration, or hard and inflamed, extending to the chin, were conspicuously prominent. Eight grains of the iodide of potassium, in camphor mixture, were prescribed, and steadily administered, for nearly six months, without the slightest perceptible effect upon the scrofulous mass of glands, and she was presented in much the same state as at her admission. Now, it happened that in this girl the breasts were largely developed, but no change was produced in their size by the treatment adopted for the scrofulous ailment, notwithstanding the full dose and prolonged administration of the iodide.

There were at this period, before the treatment had become generally known, innumerable cases of syphilitic periostitis, in which the iodide of potassium was very successful, and yet we never witnessed atrophy or absorption of either the breast or testicle during the use of this remedy. A case of simple hypertrophy of the breasts was then made the subject of experiment; eight grains of the drug were taken, steadily and continuously, for three months, but no diminution of the *mammæ* took place.

A boy, aged 12, presented himself with immensely enlarged tonsils, and took the iodide nearly six months, without any impression having been made upon these organs. It would weary you to bring forward further illustration on this subject, and this negative kind of argument is, I am aware, not perfectly satisfactory, and may be destroyed by a single example of the positive power of the remedy in causing absorption of either the breast or testicle; but ten years' observation in a

large hospital, failed to furnish me with a single proof in favor of the opinion that atrophy or absorption of the glandular system, in its normal condition, arises from the use of iodine in any form. Experience as to the topical application of this powerful agent, involves an enquiry into the effects of friction, stimulation, protection and warmth, and excludes all inference as to its specific property. It must be confessed, that enlarged testicles not unfrequently yield to its influence, but it will be found, on enquiry, that in these cases the system has been contaminated by the syphilitic poison. The same remark is applicable to chronic induration of the inguinal glands. It is a very remarkable fact, that the swelling of the thyroid body, in common bronchocele, vanishes under the internal use of iodine, especially the iodide of potassium. The rapidity and certainty of its removal are equaled only by that of the venereal node; and I have sometimes thought that there may be a vital elective attraction between the iodine and the lime, which latter forms the basis of the nodal tumor, and is, probably, the chief element in the thyroid enlargement.

It still remains to be explained, how it happens that tumors, enlargement and thickenings of a nature other than have been noticed, disappear under the use, topical or internal, of the remedy in question: the explanation is undoubtedly difficult; but I may be allowed to remark, that there is an absence of permanency in the glands generally: the thyroid disappears spontaneously, the tonsils naturally at puberty, the breasts in advanced age, and sometimes the testicles and ovaries; and there are few practitioners who have not met with cases of absorption of the breasts and testicles from some unknown cause, and in morbid instances, when no medicine has been taken. I have over and over again known and seen large swellings vanish under the long-continued application of a poultice, or wet lint and oil silk; and an equal number of failures, where iodine, internally and externally, was had recourse to, have occurred to me.

I recommend this subject to my medical brethren, and I do not hesitate to say, that they will confer a great boon upon scientific medicine by determining, with certainty, the value and effect of iodine in the cure of disease.—*Prov. Med. and Surg. Jour.*

Case of Rupture of the Bladder from an Unusual Cause.

BY CHARLES R. SMYTH, M. D., OF ST. GENEVIEVE, MISSOURI.

A remarkable case of the above character happened here on the 19th inst. The subject was a negro man belonging to Mr. Auguste St. Gemme. The occasion was in this wise:

The deceased, a blacksmith himself, was holding a very active horse while being shod. The animal became very impatient, and pushed the man over against a fence; he then swung around suddenly, bringing his hinder parts against the boy's abdomen. The negro fell to the ground, immediately exclaiming that he was hurt. I saw him a few minutes afterwards and found him vomiting, skin cold and clammy, pulse low and compressible. I recognized the case to be rupture of the bladder. He died in 5 hours.

Examination 24 hours after death: abdomen tympanitic, no dislocation or other marks of injury externally. On dividing the peritoneum, the intestines were found floating in the escaped urine, the bladder was found in situ with a rent of about 4 or 5 inches in its lateral posterior part. I have not been able to obtain it, which I regret. It was fully distended at the time of the injury. The subject of this case was about 45 or 50 years of age, of dissipated habits, and appeared to be subject to chronic rheumatism for a few years past.

The case is interesting as showing the effects of *concussion* on membranous elastic bodies filled with fluids. Your extensive acquaintance with surgery will readily suggest parallel cases.

I have never met with one of the same kind precisely in my practice.—*St. Louis Med. & Surg. Jour.*

Foreign Quackeries and the Drug Inspection Law.

A recent case has raised the question of the admission of foreign quack medicines under the drug inspection law, and the decision made by the authorities is not that which appears to us consonant with reason and justice. It is but natural that those whose proceedings it was intended to regulate by the operation of this law, should endeavor in every way to evade its provisions. Not only would they desire to escape the vigilance or overcome the integrity of the examiner, but they would wish to obtain the implied sanction of his approval for their wares. An article which has passed the custom-house

carries with it necessarily the endorsement of a competent examiner, as one that may "properly, safely and without danger, be used for medicinal purposes." Such are the words of the law, and it is readily seen that such a sanction is worth more to a nostrum dealer than a certificate from "the Duke of Aldborough," or a half dozen of the reverend gentlemen, who are, with us, the general sponsors of quackery.

The facts of the case are these: A quantity of certain substances labelled as Holloway's Pills and Ointment, was entered at the custom-house of this city, and referred to the drug examiner for inspection. The duty of that officer, under the law, is to try all drugs by the standard of the United States, London, Edinburgh, French and German Pharmacopœias, and to refuse to pass all that are adulterated or deteriorated, and "improper, unsafe or dangerous to be used for medicinal purposes." In the present instance, articles were presented of a compound character, and of the composition of which the examiner was necessarily ignorant. They were totally unknown to the medical profession. They might contain injurious or even poisonous constituents, not discernible by the most careful examination and analysis. At all events, they were secret nostrums, and not drugs or medicines recognized by any codex whatever. Had they been unofficinal simples, vegetable or mineral, the source and character of which were known, or could be readily ascertained, there could be no difficulty about them. But they were vile quackeries and impostures, compounded by a designing person to defraud a gullible public. Could any honorable and conscientious examiner give them the sanction of his endorsement? We say, No!—and personally, we would have resigned the office, if the case were ours, rather than affix our name and sanction to the invoice. The examiner did what we think was his duty in the premises, and refused to pass the articles, referring the case thereby to his official superiors.

But his judgment has been reversed. The quackeries in question have been admitted, and are now heralded with flaming advertisements in our newspapers. Worst of all, they have been admitted mainly on the authority of an opinion to that effect, signed by five respectable gentlemen of our city, all of whom are in official positions (we believe) in our college of pharmacy, and one of whom is a graduate and practitioner of medicine! We give this document, that there may be no mistake about it. The signatures we omit. The *italics* are ours.

"We, the undersigned, are of opinion that the law in reference to adulterated drugs, medicines and medicinal prepa-

rations, was not designed to exclude secret medicines of foreign manufacture, provided they were *made by the party, and at the place specified in the label*, and that, therefore, if the inspector believe that *such preparations are what they purport to be, and not spurious*, he is bound to pass them.

“At the same time we would have it expressly understood that our private opinions are decidedly adverse to all secret medicines, whether of foreign or domestic origin; and in giving the above opinion, we do it entirely in justice to our sense of the intended meaning of the law, and not from a desire to favor the introduction of such medicines.”

Now there are, to our mind, several curious features in the above document. In the first place, we do not see that any body of apothecaries, however intelligent, are the proper judges of the intention and interpretation of any law. The language of the act of congress is explicit enough, and may be understood by any one. If there were technical difficulties, they would be better referred to those accustomed to deal with legal enactments of doubtful interpretation. But the principal peculiarity is, that this opinion comes from gentlemen who have hitherto professed a firm hostility to quackery, and are members of an institution which the medical profession has always respected and valued as a public safeguard against its encroachments. Their proviso in the concluding paragraph is all very well, but it is not worth the paper it is written upon to combat the ill effects of its predecessor. It will be seen that the position taken not only authorizes the unlimited introduction of foreign nostrums, but it actually converts the drug examiner into a guardian of the interests of the manufacturer of the abominations. It virtually makes him say to “Doctor” Holloway: “You may flood our land with your vile compounds. You may poison our people, and extract from them untold sums of gold in return; and no imitation or counterfeit shall interfere with your profits. I stand here, by appointment of the government of the United States, to protect and keep inviolate the sanctity of your labels and package marks, and to condemn and forfeit all ‘pills and ointment’ which do not bear upon them those sacred characters!” Such is the inevitable operation of the position taken, for which we have no doubt that the foreign empiric and his agents here will be duly grateful.

We can comprehend such a position as this: that the nostrums in question are not drugs or medicines within the intent and meaning of the law, and are therefore not subject to inspection by the drug examiner at all. Such is the position which we believe the department must ultimately take, if its

officers determine that these nostrums shall continue to come in. It is an insult to the self-respect of any honorable pharmacist or physician to ask him to become the endorser, as "safe and proper," of every wretched empiricism that the lust of gain may induce any unprincipled European adventurer to send over here to gull the simple Yankees with. As to the course pursued by the examiner, we unhesitatingly pronounce it honest, manly and consistent. That his decision has been reversed, is his misfortune *and ours*. The sting of the business is, that it has been reversed by the action of men with whom we have hitherto been happy to co-operate in the advancement of legitimate medicine and pharmacy.—*Med. Ex.*

On Hæmoptysis.

BY. DR. THEOPHILUS THOMPSON, F. R. S.

Although great alarm is generally evinced, and danger of sudden death feared, when this symptom is considerable, yet it appears in reality that such is very rarely the case, for there are two circumstances in reference to the circulation in phthisical lungs unfavorable to the occurrence of profuse hæmorrhage. In inflamed lung, the blood vessels, though tortuous, are free, but in tubercular lungs the blood coagulates in the extremity of the vessels. But there is an additional point well worthy your attention. When you look at this large vomica, you observe a considerable band passing across it. Of what does this band consist? It contains no bronchial tube. Bronchial tubes readily ulcerate; and by that process expectoration from cavities is promoted. The band consists mainly of blood vessels and cellular substance. Blood vessels are inapt to ulcerate. The walls of the pulmonary arteries, when surrounded by tubercular ulcerations, instead of sharing the disorganization, usually thicken; by the deposition of fresh material, their calibre gradually lessens; after a time they cease to be pervious; they are filled with a thin, reddish, fibrous plug, and transformed into solid chords.

It is probably only in those rare instances in which such a vessel is suddenly torn before the calibre is perfectly closed, that fatal hæmorrhage is at all likely to occur. The popular idea, that all bleeding from the lungs is produced by ruptured blood vessels, is a serious error. The ordinary cause of hæmoptysis is doubtless compression or obliteration of the pulmonary veins by the tubercular deposit; in consequence of which, blood, interrupted in its natural channels, overflows or exudes into the neighboring bronchi. If this explanation be

correct, hæmoptysis, moderate in amount, must be regarded rather as beneficial than alarming. By preventing the stagnation of unhealthy blood, it must tend to oppose the extension of tubercular disease; and as far as a conclusion may be drawn from the cases under my care, the tendency of hæmoptysis of considerable amount would seem to have been rather favorable than otherwise. You will observe that some of the cases recorded of copious hæmoptysis, were remarkably slow in their progress. In six of the cases the quantity of blood expectorated at once has exceeded a pint, and the time which has elapsed since the occurrence of the profuse hæmoptysis has been in these patients respectively, six months, twenty-two months, twelve months, ten months, eight months, and five years. In several of these instances, evidence of pulmonary disease preceded, by many months, the occurrence of hæmoptysis; and in some the disease has not advanced beyond the first stage. These facts are in harmony with my general experience, as showing that this symptom tends more to retard than accelerate a fatal issue.

The practical bearing of these facts is obvious and important, as impressing the conclusion that undue haste to arrest hæmoptysis should be deprecated, and that as a general rule it is better to moderate this symptom by producing determination to other organs, than to employ direct astringents. You will find great benefit in many cases from the administration of a dose of calomel, or mercurial pill with henbane, followed by the use of half drachm doses of sulphate of magnesia with diluted sulphuric acid, administered twice a day.

Let me repeat, that hæmoptysis, when slight, is often useful and should not be hastily checked. When it is considerable, if of an active character, as indicated by a full, hard pulse, heat, and oppression under the sternum, and heaving of the diaphragm, cupping, or even bleeding, may be requisite. In less formidable attacks, anti-congestive remedies, and small doses of sulphate of magnesia with sulphuric acid may be given, or antimony with nitrate of potash. Ipecacuanha has been recommended, in doses of two grains every quarter of an hour, but this remedy has disappointed me. If the hæmoptysis be passive, direct astringents may be required, of which alum is one of the best; and perhaps this remedy acts more efficiently when allowed to dissolve in the mouth than when taken in mixture. The following prescription is appropriate for this purpose: Take of powdered gum arabic and of white sugar, each three drachms; powdered tragacanth, a drachm and a half; alum, two drachms; catechu, three drachms; rose-water, as much as sufficient for a mass to be formed into sixty lozenges.

The most powerful of direct astringents in the treatment of urgent cases, is acetate of lead. You may give two grains for a dose in a mixture, with half a drachm of distilled vinegar; or if you give it in pill, take care to give acetic acid immediately afterwards, in order to counteract the tendency of the carbonate of lead to produce colic. Gallic acid is not so prompt and effectual as acetate of lead, but suits some cases remarkably well. Turpentine is probably one of the most certain and suitable remedies in a majority of instances. Two drachms of spirits of turpentine, two ounces of mixture of gum arabic, and four ounces of infusion of matico or of cinnamon water, with thirty minims of tincture of capsicum, form an appropriate mixture, of which an ounce may be given at intervals. In slight cases, the infusion of matico alone is often sufficient.

When the hæmoptysis is associated with suppressed catamenia and hysterical symptoms, lytta is of great value; but let me repeat the opinion, that in a majority of instances of phthisis, moderate expectoration of blood is useful; and that whilst you allay the apprehensions of the patient, you may leave the symptom to its own course.—*Lancet*.

Influence of the Imagination or Will upon the Pregnant Woman.

BY I. G. BRAMAN, M. D., BRIGHTON, MASS.

(Communicated for the Boston Medical and Surgical Journal.)

The following somewhat unique case occurred in my practice, and is submitted for the pages of the Journal without note or comment:

In the month of May, 18—, I was summoned to attend Mrs. ———, who was at the close of the ninth month of pregnancy. As I entered the room, I found everything arranged for her accouchement, which was momentarily expected to occur. The pains were frequent and vigorous, and an examination per vaginam revealed the os uteri fully dilated, the head advancing, and all things as favorable for a speedy termination as could be desired. I consoled myself with the idea that I should soon be released and on my way home. The female assistants, those kind and *sometimes* convenient appendages to the lying-in room, concurred most fully in this opinion, and were profuse in their encouragement and congratulations to my patient. But alas for the vanity of all earthly expectations! She did not respond either in faith

or by practice. On the contrary, she obstinately turned a deaf ear to all consolation, declaring in emphatic terms, that "she should not be confined before aunt Nancy came back." By the way, this same aunt Nancy was a woman of some considerable note in that portion of the obstetric world, and Mrs. ——— had made a special arrangement with her in reference to this occasion; but the *miserable sinner*, regardless of her solemn promise, had left town on a visit. Her presence and sympathy, it seemed, were a *sine qua non*; and consequently I must relinquish every hope of accomplishing anything, while such an unfortunate conjunction of circumstances obtained. In vain I laughed, expostulated, and even scolded. Mrs. ——— made but one reply to all. "You may say and do what you please, but I tell you I shall not be sick before aunt Nancy comes back, if she never comes." The pains were still urgent, and a few expulsory efforts were all that appeared necessary to complete the labor.

In this state of doubt and uncertainty we spent the night. Morning came, but with it no relief. The major portion of the day was passed in the same manner—matters remained *in statu quo*. About 4 P. M. my assistants (who had received some accession to their number from a neighboring domicile) began to look grave, and exchanged significant glances. Suddenly they vanished, leaving me *solus* with Mrs. ———. By certain stifled whisperings, I inferred they were holding a conference in an adjoining room. This, I knew, portended some important communication to myself, and I waited with fortitude to hear what it might be. I was not kept long in suspense. The door opened, and marshaled in single file, they advanced, when the oldest, who had evidently been chosen chief speaker, thus addressed me:

"Doctor, do you not think Mrs. ——— has been sick some time?"

"I do."

"Why is she not confined?"

"You have heard what she says, and can judge as well as I."

"Is anything out of the way?"

"No."

"Can't something be done to help her along?"

"I know of nothing. We must wait patiently."

"Are you willing we should try an experiment upon her?"

"It depends upon what it is."

"We won't do anything to hurt her."

"Well, with such a condition you may try your experiment, but I shall interfere if I see anything in it calculated to do harm."

With this consent, they speedily commenced operations. A common wash tub was placed under a chair which had lost the whole or the greater part of its bottom. In this tub some wormwood, hops, and I think tansy, were put, and boiling water poured over them. After waiting a few moments for the water to cool a little, Mrs. ——— was taken from her bed, seated in the chair, duly propped up by pillows, and supported by the arms of all the feminine gender present. This process was accompanied with various appropriate remarks, such as—"There now, we have fixed you nicely." "You will be sick right off." "We aint a going to stay here again all night," &c., &c. Contrary, however, to their expectations, her pains immediately ceased. She was perfectly comfortable, and evidently enjoyed the change. The conclave stood aghast, and after waiting over an hour, gave up their experiment, and with much chagrin replaced the good woman upon her bed. There she remained one fortnight, happy and contented, suffering no annoyance, except some slight derangement of the stomach, which was easily relieved by appropriate remedies. At the expiration of this period, aunt Nancy fortunately came back. No sooner did Mrs. ——— hear of this, than her pains returned. Aunt Nancy was sent for, I was again summoned, and, in a very short space of time, a fine girl made her debut into the world.

June 9, 1852.

Lead Poisoning.

Professor Frost, of the Medical College of S. C., reports in the September number of the *Charleston Medical Journal*, several cases of *lead cholic* and other forms of *lead poisoning*, which, in his opinion, were clearly traceable to the use of water impregnated with some salt of lead, either taken from soda water reservoirs or from leaden pipes in other ways. As regards the asserted deleterious operation of acetate of lead in the ordinary medicinal doses, (to which Dr. Joynes of Virginia, and others have lately called attention in the journals,) Dr. Frost avers that "he has never, in the course of his practice, known any injurious effects to arise from the use of this article."—*Med. Exam.*

ALEXANDER DUVAL,
APOTHECARY AND DRUGGIST,
RICHMOND, VA.

Having re-commenced business in the Large Five Story Building, No. 155 Main Street, corner of 12th Street, offers for sale a general assortment of

DRUGS, MEDICINES, Chemicals, Surgical & Dental Instruments, Paints, Oils, Dye Stuffs, Window Glass and Putty, Perfumery and Fancy Articles of various kinds, Tooth, Comb and Hair Brushes, and Dressing Combs---Also Pure Wine and Brandies for Medicinal purposes.

Physicians and others will always find a good assortment of fresh and unadulterated Medicines selected with great personal care and attention. Orders from the country will receive prompt attention, and satisfaction guaranteed both as regards price and quality.

ALEX. DUVAL,
155 Main Street.

Oct. 1852—1y

ADIE & GRAY,
APOTHECARIES AND DRUGGISTS,
RICHMOND, VA.,

(SUCCESSORS TO ALEXANDER DUVAL,)

Dealers in all kinds of Medicinal Preparations, English, French, German and American Chemicals of the most approved makers. Also, the well known Pharmaceutical Preparations of Herring & Brothers of London, Howard & Kent, Morson and others.

Surgical and Dentists' Instruments, Paints, Oils, Dyes, Window Glass, Perfumery, Brushes, &c., &c.

Physicians and others may rest assured that their orders will meet with prompt attention and be supplied with articles of unquestionable quality. if

ROBERT M'NAMEE,
MAKER OF
SURGICAL & DENTAL
INSTRUMENTS
MAIN STREET, opposite American Hotel,

Asks the attention of Physicians and Dentists to his stock, which will be found to comprise all kinds of

Dental and Surgical Instruments, Trusses, Cutlery, &c.

He likewise makes to order and repairs all descriptions of Instruments. Thankful for the liberal patronage he has already received, he trusts to be able to merit a continuance of it, by increased business facilities, and a determination to give entire satisfaction to his patrons. if

THE
STETHOSCOPE,
AND
VIRGINIA MEDICAL GAZETTE.

VOL. II.

RICHMOND, VA., DECEMBER 1852.

NO. XII.

**Observations on the Functions of the Gall-Bladder--Is
it not a secreting viscus?**

Read before the Medico-Chirurgical Society.

BY JOHN DOVE, M. D., PRESIDENT OF THE SOCIETY.

This being the subject for discussion before the society at its first November meeting, Dr. Dove commenced his paper, by reading a long review of the opinions and observations of the principal anatomists and physiologists who have described the gall-bladder. As this part of the essay consisted chiefly of quotations, we omit it, and only publish the essayist's examination of the physiological question.

Physiologists, gentlemen, seem as much perplexed and puzzled in giving lucid reasons for their supposed uses of the gall-bladder in the animal economy, as anatomists have been for their description of its organism; and both because they have evidently written on the presupposed and, in their minds, admitted theory, that it is a *bladder*, a mere receptacle of the bile as secreted by the liver, when that fluid is not wanted in the duodenum for the purposes of digestion; and to prove which, in their suggestions of its functions, they are brought to contradict themselves and each other in accounting for the admitted great difficulty of getting the bile into the gall-bladder

and out of it through the same channel, in a manner commensurate with their ideas of its uses in the human system.

Spurning the immutable laws of hydrostatics and of gravity, one party makes the bile ascend against its own and a superincumbent weight, and that by means of a tube whose internal coat is so constructed as to oppose the introduction of a probe within its calibre, by consequence of the rugæ and net work with which it is endowed; ask reason then, if a fluid slowly percolating a tube, (as the hepatic,) arriving at an embouchure nearly twice the size of that tube, (as the choledochus,) could turn round, in violation of the above laws, and running at an acute angle, if not nearly parallel, then absolutely ascend a smaller tube in a very tortuous direction, and all this without the aid of any valvular structure. But, say Kirks and Paget, the termination of that embouchure, the ductus communis, is so reduced at its duodenal extremity as to cause the necessary reflux along the cystic duct, because it is smaller than that duct considerably; this would appear probable, if we were not informed by the same authors that when the duodenum is distended with chyme, and consequently we should suppose this opening to be still farther reduced, and when, too, there is, according to the same authority, an increased secretion of bile going on, that this same opening was large enough to permit both the hepatic and cystic ducts to empty themselves readily and continuously, since they say that this viscus is found most empty immediately after a full meal.

M. Cloquet, whom I should have quoted among the celebrated anatomists with whom he takes and holds deserved rank in his day, and M. Hutin, his cotemporary physiologist, say, "the fundus of the gall-bladder is raised by the emptying of the stomach and depressed by filling it," and in this way account for the condition of that viscus at these times; if they were serious, and undoubtedly they were, what does this imply but a forced resort to pneumatics, where, by the bellows like action of the foot of an organist or arm of a blacksmith, a vacuum is produced, to be immediately filled with this fluid, and held until by pressure it is forced out, to be again replenished on pneumatic principles.

These and other similar difficulties have confounded physiologists in all ages, until our ingenious cotemporary, M. Amusat, enters the arena of disputants, and invoking the aid of the world-renowned Archimedes, by means of his hydraulic pump, formed of the spiral folds of the internal membrane at the neck of the gall-bladder, promptly overcomes the hydrostatic resistance, and the whole difficulty seems at once solved; at any rate to the satisfaction of Amusat.

When this mighty mathematician was exploring the arcana of mechanics, and discovered the uses and powers of the inclined plane and lever, in an ecstasy of delight, he is reported to have said, "give me but a fulcrum and I will upset the world." He was in no greater dilemma than this modern demonstrator of hydraulics in the application of his Archimedean pump, the first feature of which is its entire want of analogy, and where there is an approach to similarity of structure, entirely defeats its applicability to the known laws of mechanism by consequence of the divergence of those spiral columns from a supposed common center, and its utter uselessness as a hydraulic machine from its nearly horizontal position and entire inability to revolve on its own axis. The utter absence of this last faculty constitutes at once the absence of the so greatly desired fulcrum of the Grecian mechanic.

To the ingenious mode of getting rid of this perplexing dilemma by the learned Sabbatier and his followers, namely, "*ressort des parties*," or consent of parts, I have little to say, for it is in fact a *petitio principii*, a giving up of the question, in these few words, thus: We find the gall-bladder full of gall, and we find it empty or nearly so of that fluid, and after exhausting the sciences of mechanics, hydraulics, hydrostatics and pneumatics in vain to account for the phenomenon, we adopt the theory of these simple words, "*ressort des parties*," well knowing it involves a living occult principle with which we are unacquainted and to which no son of genius will ever be able to afford a satisfactory solution.

Thus, then, it seems admitted by all anatomists and physiologists that there is a difficulty of accounting for the manner in which the bile gets from the liver into the gall-bladder; and so inexplicable is this difficulty, that scarcely any two agree in describing the manner they suppose it to be accomplished. All, however, agree in asserting that it does get there, and to prove this, two facts are relied upon, one drawn from vivisections in comparative anatomy and the other from post mortem examinations.

1st. It is affirmed that when the cystic duct of a dog was tied, the end between the ligature and the hepatic duct became enlarged very soon, and upon dissecting the animal after death no bile was found in the gall-bladder.

Apart, gentlemen, from the great danger there is of attaining any reliable data on any physiological and pathological fact in the human system or economy as deduced from experiments on brutes by comparative anatomy, arising from our utter and admitted ignorance of the economy of life in

the brute creation, and in none more palpably than in the very animal who was the subject of this experiment, who, when physiologically tested, although apparently furnished with all the organs necessary, under the great disturbance to which his circulation is subjected by his overtaken exercise in the chase, never sweats; while his companion in that sport, the huntsman's steed, with apparently similar animal endowments, is seen reeking, at the same moment and under the same excitement, with perspiration. Tested pathologically, we find his health greatly improved and his obesity greatly increased by the habitual use of arsenic or prussic acid, either of which are deadly and certain poisons to any human being in immeasurably smaller doses than are swallowed by him with perfect impunity. These facts alone, I say, should make us extremely cautious of the result of any experiment founded on comparative anatomy as tending to elucidate the economy of life in the human system.

Waiving this objection, however, in the present instance, the enlargement of the cystic duct finds a ready solution in the fate of all culs de sacs in a dependent position, such being the necessary position of that portion of the cystic duct lying next the choledochus in all quadrupeds, as also the tendency of such sacs to distend by the attraction of aggregation or capillary attraction.

The second fact relied upon is the absence of bile in the gall-bladder of the human subject, when the cystic duct has been wanting, or obstructed by disease, as discovered in autopsies. There are, to my mind, two very satisfactory ways in which this may be accounted for. The first is, that experience teaches the fact that when the outlet to any excretory organ becomes obstructed, especially if that obstruction be gradual, the accumulation diminishes, and the organ becomes atrophied, or reduced in size; this law of the animal economy, or "*vis conservatrix naturæ*," is too self-evident for dispute.

But again, this fact proves a little more than is necessary to the advocates of a bladder or receptacle of hepatic fœces merely, for it seems the obstruction in every instance was the cause of death, which we could hardly suppose possible, when its diminutively receiving capacity is compared to the large quantity of bile secreted by the liver, amounting, according to Chesselden, to twenty times its capacity at each meal. Can it then be supposed possible that even great disorder, much less death, would result from the obstruction temporarily, nay, from the entire absence of this organ as a mere receptacle, whose capacity is one ounce of a fluid amounting to seventy-two ounces in 24 hours according to the author named, when

the reduction of the secretion to three times the amount it contains, supposing it to be emptied at each meal, would so easily remedy the evil, or render its use unnecessary as a receptacle of redundant bile, and apparently supply the greatest abundance for the purposes of digestion?

We have thus seen that the difficulties which beset the advocates of a bladder simply, are certainly and confessedly very great, in some instances almost insurmountable. A knowledge of these difficulties, and a desire to account for them, induced me, after mature deliberation, many years ago, to adopt the theory that in the normal human subject this viscus performed an essentially vital part in the economy of health; and taking the idea from the accomplished Parr, I took the position that it was a glandula succenturiata, or succedanea to the liver, and that in some form it furnished an admixture of its own secretion with the bile, converted it into what I will now designate as gall, and which is in truth the liquid, and the only one, which has been analysed under the name of bile up to this time. In adopting this theory, you will perceive I was still influenced by the preconceived idea that it was in part a bladder; but subsequent investigation presented some obstacles to my mind in carrying out the idea, among which I will enumerate the following, and which are equally difficult of solution, if not more so, by the advocates of a bladder simply.

First, the idea that the same duct should act the part of waste and supply from and to any organ, seemed incompatible with the usual wise providence of universal mechanism, from the constant interruption to which it must necessarily be subjected in appropriately timing each function in such a manner as not to interfere with or interrupt the adverse duty, and the necessarily great disturbance, if not serious disease, which would result from that interruption.

Making the cystic duct the common thoroughfare, led physiologists all to be guilty of apparent absurdities in emptying it from either end. Thus, say they, when the *stomach* is full it *presses* upon the gall-bladder and causes it to be emptied by forcing its contents into the duodenum, which is then empty. Now this takes place, observe, gentlemen, when the *stomach* is full or being filled with masticated food, and when, according to the same physiologists, the bile is not wanting in the duodenum, and when, in fact, it would reasonably act as an irritant to its naked coats; but the bladder has no *muscular* coat, and must therefore be emptied by *squeezing*; it can be done in no other way, and this is the only source from which it can derive that aid. Well, gentlemen, the gall-bladder is now

empty, and must be filled again. Let us see how they effect this. The stomach pours its chyme after a time, varying, according to Beaumont, with the quality and quantity of food swallowed, into the duodenum, to be mixed with the bile and converted into chyle; but now the distended duodenum closes the orifice of the ductus communis, and the hepatic secretion being continuous, regurgitates, as we have seen, against the laws of nature, and fills the bladder with hepatic fœces when this fluid is most wanted to complete the all important function of perfect digestion.

Apart from this unnatural use of the cystic or any other excretory duct, this ultimate squeezing of either end to fill the other would ordinarily afford an easy, ready and efficient mode of doing so; but in the living animal I hold that the presupposed and necessary *fact* of *resistance* to *pressure* to the extent of accomplishing this end does not exist in a normal system; for the parietes of the abdomen are endowed, as we see and know daily, with that living capacity of adapting itself to the comfortable support of its contents, be they more or less, and that when this distention amounts to pressure it becomes disease and demands a remedy.

The second objection to considering this viscus a glandula succenturiata, or one combining the functions of waste-gate or garner and gland, arose from the acknowledged great difficulty of getting the bile into the gall-bladder by reason of its being against the laws of hydrostatics, and the obvious fact, that in proportion to the difficulty of ascent from this cause, would be the facility of descent when not impeded by distinctly organized valves; and that consequently the *emptying* of this organ must be accompanied with such a *rush* as would endanger the production of all those symptoms or evils which result from the presence of too great a quantity of that fluid in the duodenum at one time, as headache, vertigo, nausea, &c.

It was no doubt in full view of these and similar difficulties that the ingenious Amusat was induced to broach his idea of the Archimedean pump, for which, if there be any applicability, it would seem to be most useful in resisting the *sudden descent* of that fluid which *it* had helped to accumulate.

With a full knowledge of all the contradictory and varied descriptions of this little viscus, and the very unsatisfactory deductions from these descriptions of its physiological use, I became early satisfied that it was a secreting organ, and that it formed a fluid which I denominate gall, to distinguish it from that secreted by the liver, and which I term bile. This fluid is always yellow. Speaking of F. Martin, Beaumont says, on laying him horizontally on his back, pressing the hand

upon the hepatic region, agitating a little, and at the same time turning him on his left side, bright yellow bile appears to flow freely through the pylorus and passes out through the tube; and Chesselden says it has little if any taste, while the former is green and of an intensely bitter taste. Without detaining you with speculations on the uses, &c. of the bile or its formation, upon which volumes have been written, I will confine my remarks to the gall-bladder and its secretions, simply premising, that in well authenticated cases, gall has been found in this viscus when the vena porta has not entered the liver but passed directly to the ascending cava, thereby proving incontestibly that it as well as bile may be formed from *arterial* blood.

We find then the gall-bladder furnished with arteries, veins, nerves, lymphatics and coats, abundant for all the purposes of secretion, at least equal to, if not greatly more than, the *bladder* called the human stomach, which is admitted to secrete and furnish the gastric juice in very great quantities under certain circumstances—nay, as seen by Beaumont, percolating down its interior surface—and certainly vastly beyond the almost inorganic bladder containing the human foetus, and which is claimed as secreting the liquor amnii. Indeed, gentlemen, the secreting, discerning or separating process in the living human frame is so varied according to the fluid to be formed and its uses in the animal economy, both normal and diseased, that I think we may safely acknowledge an entire ignorance of the true *quo modo*, and be satisfied to state facts as we find them.

To show how vaguely the term “gland” is used by writers upon secretion, we have the following from Dr. Beaumont in the record of the celebrated cure of Alexis St. Martin, wherein he enjoyed the rare opportunity of witnessing the process of secretion. He says: “immediately below the mucous coat, and apparently incorporated with the villous membrane, appear small spheroidal or oval shaped glandular bodies, from which the mucous fluid appears to be secreted. By applying aliment or other irritants to the internal coats of the stomach, and observing the effect through a magnifying glass, innumerable minute lucid points and very fine mucous or vascular papillæ can be seen arising from the villous membrane and protruding through the mucous coat, from which distils a pure, limpid, colorless, slightly viscid fluid, invariably distinctly acid. These papillæ, I am convinced from observation, form a part of what is termed by authors the villi of the stomach; that some portion of the villi form the excretory ducts of these vessels, I have not the least doubt. The apertures of these

vessels could not be seen with the assistance of the best microscopes. This effect is too sudden, and the secretion too copious to be accounted for by the ordinary laws of secreting mucous surfaces.

Taking this viscus as an organ destined to secrete a fluid essentially necessary to perfect digestion, and ready to furnish that fluid under all circumstances of demand, we are in no dilemma to get that fluid to its proper destination and in appropriate quantity, since it will be found that structure, form, shape, position, excretory duct, all conspire in a pre-eminent degree to accomplish that object. And when the opportunity, if it does, shall be afforded of occularly inspecting the inner coat of this viscus during the formation of gall, I have no doubt the papillæ of its villous coat, forming that splendid net-work of honey-comb structure so graphically described by almost all authors, will be found, as in Beaumont's case, distilling and effusing that fluid freely through its admitted mucous lining. And why, in the name of physiology, should this not be, since we have seen, from the descriptions of anatomists, the human stomach, in a state of emptiness and quiescence, has more of the attributes of a bladder than the so called gall-bladder?

The absence of gall in most herbivorous animals, its presence in most carnivorous, and its uniform presence in man, the only omnivorous animal we know, seem to favor the idea that it is necessary to perfect digestion in him by *aiding* the bile to eliminate impurities from the chyle, and in its round through the portal circulation to effect the normal animalization of that semi-fluid. If, as we have seen from the experiments of Tiedman and Gmelin, the radicles of the veins perform the office of absorbents, we shall find that as the chyle travels down the intestines the purer part is absorbed by the veins, to be carried back by the vena portæ into the liver, then, in the form of bile, so called after the process to which it has been subjected, to be again mixed with the chyle proper, and a portion of gall added each time, necessary to aid in the digestion of animal substances when they form a large proportion of the food taken into the stomach.

During this process or round of circulation of the chyle, the lacteals are engaged in taking up the perfect chyle and conveying it into the thoracic duct. And here it is I suppose jaundice to originate. In consequence of a deficient supply of gall, an undue proportion of bile, which we have seen is always yellow, becomes mixed with the chyle, and is taken up by the lacteals and conveyed into the thoracic duct, thence through the circulation, when this innocent yellow coloring

matter is deposited in the skin. I mention this at this time, 1st, because no person pretends to have seen a green jaundice, or such a color of the skin or cellular membrane arising from obstruction and regurgitation of bile; and 2d, because physiologists assert that the smallest quantity of *gall*, the article experimented with and called by them *bile*, has produced death invariably when injected into the veins of animals: while the yellow coloring matter of bile, which we may reasonably suppose to be suspended in its watery portion, is entirely innocuous upon this theory of the portal circulation.

Remember, gentlemen, the gall, or the contents of the gall-bladder, is the fluid which has been analysed and found to contain picromel, cholerine, cholerestine and biline or the bitter principle, &c.; and this is the fluid too which has been experimented with and upon in various ways, presenting these ingredients too which have never been detected upon any analysis in the blood, urine, tears or mucus of jaundiced patients, who are said to circulate bile until one would expect certainly to meet them if that fluid contained them.

Again, it is this secretion which is said to be a saponaceous, unctuous alkaloid, which aids in lubricating the intestinal canal and giving color to the fœces. Are these functions performed in jaundice, when you see yellow bile ejected from the stomach in quantities? or rather, is not the reverse the fact? The fœcal matter is pale or colorless, and in substance comparatively dry and hard.

The uniform presence of a liver in all animals proves the great importance of *its* functions to normal animal life. If the uniform performance of those functions depend in any degree, as is alleged, upon the *presence* of the *gall-bladder* as a receptacle of hepatic fœces, we should expect to find it accompanying all livers, as we find the vesica urinæ attendant upon the kidneys, and that according to the known harmony of all creation. But do we find that? By no means. In a large class of animals having livers, physiologists and naturalists assure us this viscus is entirely absent. What, then, let me ask, becomes of the redundant bile when they are sleeping or fasting? This problem finds a ready solution in the theory we advocate. The vesica fellæ being present in almost all animals which are carnivorous, we infer that gall is necessary to the perfect digestion of that kind of aliment; and its uniform presence in the human system leaves on my mind little if any doubt of the necessity of the peculiar fluid which I think it secretes and furnishes, and which it is certainly found uniformly to contain in a healthy condition of the system.

This topic then, gentlemen, and the suggestions it offers, are extremely fruitful of discussion, and to the erudite physiologist and naturalist may and no doubt will be a source of peculiar enjoyment; and with them I now leave it, to take a somewhat practical view of the phenomena which the pathology of this viscus presents.

Avoiding technicalities, as far as possible, in giving what I may term my experience, during a professional life of forty years continuance, in a climate and locality where derangements of the hepatic functions form so large and evident a proportion of the diseases of spring, summer and fall, and predicated my history of that experience upon my early impressions of the necessity for healthy gall as well as healthy bile, and the presence and condition of the organs destined to furnish these fluids, I shall be more brief and blunt than I feel assured is compatible with medical investigation; I trust, however, I shall attain my first and chief object, that of rescuing this little viscus and the important part it acts from the comparative insignificance to which it has been consigned in the pathological phenomena which are daily presented in the class of diseases called bilious.

Looking, then, to the long catalogue of diseases attributed to a redundant or deficient secretion of bile, (and their name is legion,) we will stop to take a view of those ranked under the head of cholera—as cholera morbus, cholera infantum, diarrhoea intestinalis, &c. And what do we see? The patient sinking with greater or less rapidity into the jaws of death under the exhausting influence of large, colorless or yellow serous discharges, accompanied in most instances with but little pain, until it has continued long enough to deprave the fluids of the general circulating mass, and thereby superinduce organic derangement of the nervous filaments or abrasion of the lining membrane of the intestinal tube.

What now are the indications to be fulfilled? To arrest the discharges, and correct the vitiated secretions, you will say. Well how is this to be done? My experience informs me that an alteration of the color of the discharges to a yellow, or what is usually termed bilious color, will not; nay, I have oftener seen the distress increased by that color, and the whole train of symptoms increased in intensity thereby, and this when recently secreted *yellow* bile, as physiologists call the imperfect chyle tinged with the fluid secreted by the liver, was passing abundantly by emesis and catharsis.

Exhibit now, gentlemen, that medicine which in my opinion acts almost specifically upon the secretion of gall: I mean an acid or salt mercury in some form, for it is the only one which

can produce the *gall colored* evacuation, and you find the patient sensibly relieved of all the more urgent symptoms, and so continues as long as that discharge continues; and it is invariably from this color also that the evacuations pass in their gradations to the normal light brownish color and to a healthy consistence at the same time.

Let me not be misunderstood in the term gallic secretion and color. By it I mean that smooth, opaque, green color called Polish green, and which is usually found in the gall-bladder after death. This secretion, like all others, I suppose to be frequently abnormal itself, as when it presents the tenacious, tarry *consistence*, with a deep and shining green *appearance*, and this through all the gradations of that color, to a brilliant grass green. Whence, let me ask, arises this peculiarity of shade of color? Can it be by chemical combination of the acid or metallic bases with the secretions in the alimentary canal? Certainly not; for what influence can the mere chemical change of color operate upon a *vitiated* secretion in rendering it *healthy*? Or how can the mere chemical change of the coloring matter make *healthy* chyle an *irritant* to the lining membrane of the canal? If these questions afford, and we think they do, self evident answers, we are compelled to suppose that the gland affording the secretion is in fault, and by its presence, affords the only evidence we can obtain, in the absence of pain, that the organ from whence that fluid comes is in an abnormal condition, and consequently requiring some remedial agent. Is your patient then sinking under the apparently colorless, or yellow serous discharges, and you administer calomel, opium and ipecac. in some of their many varieties of combination, and push them to the point of procuring a Polish green stool? In nine cases out of every ten, my experience teaches me that convalescence is or will be, by subsequently modified treatment, established.

In the numerous dissections which I have made of the human gall-bladder, I have uniformly found this green color; in the hepatic duct never. I have, therefore, and I think legitimately, concluded it came from the former, and in this I am borne out by the fact that it is not pretended by physiologists or anatomists to be found in any other organ, gland or bladder. If, then, this organ be a mere waste gate, or receptacle of bile not wanted for immediate use, could common reason look for these results from the mere emptying of this fluid from a sac to be immediately replenished with the same? Certainly not; and we are driven again to the conclusion that it is formed, elaborated or secreted in that viscus, and that upon the healthy performance of this function the totality of perfect animal organization depends.

But physiologists, with a dash of the pen, account satisfactorily for this color, by attributing it to *inspissation* from *delay*. To this conclusion there are two grave objections: 1st, inspissation of a color does not *change* it—it only renders it more intense; for yellow remains yellow, as evidenced by gamboge in fine solution, a beautiful and brilliant yellow—being the same when inspissated to a solid; and so with all the *simple* colors capable of inspissation. 2d. The *delay necessary* to inspissation, according to their own showing, does *not take place*; for this delay, say they, only lasts during the time the animal is not eating and digesting; and if from this delay you take the time necessary to replenish *guttatim*, I think we shall find the *delay* in man much too short for *inspissation* in its *ordinary* acceptance; and if they meant *extraordinary*, they should have said so.

If they mean it in an extraordinary sense, then the long delay which occurs in sleep and cases of voluntary abstinence, must produce extraordinary *inspissation*, and consequently *disease*; but this, we find, does not occur; on the contrary, the body rises from sleep invigorated and improved, and voluntary abstinence, unless persevered in too long, improves the digestion and promotes appetite.

Again, say the advocates for the squeezing process, the coats being neither muscular, it requires, after this delay, the *pressure* of a *distended* stomach to empty the contents of the gall-bladder. But, gentlemen, the facetious and eccentric Abernethy *settles* this question like a philosopher in medicine, and, I think, conclusively. Let him tell *how* in his own words, for their simplicity and peculiarity establish their verity: “As to the intermediate structure, the walls of the gall-bladder, what are they? I do not know that anybody knows what this part is; and the question is, Is it muscular? It does not present any such appearance, so Haller sets it down as having no contractibility; but Haller’s experiments on contractibility are known to be badly advised. Haller opened the abdomen of an animal, broke the fundus of the gall-bladder and then sewed up the wound; afterwards he found the animal *died* of *peritonitis*; that there was a small aperture in the bladder through which the gall passed; and that the gall-bladder was contracted to the least possible compass. So I tell you it is, if the bile never gets into the gall-bladder at all.

“For my own part, I have an aversion to making experiments on living animals. But I have done this: I have got the bladder of a sheep recently killed when the gall-bladder was duly distended; I have made an opening just in the part emerging from the bladder; put the whole in a basin of water

not very warm, but just warm enough not to be cold ; left it there for a time, and when I came to it again, I found that all the bile was purged out, and that the gall-bladder was contracted. I then blew up the gall-bladder to the size it was before, that is, to do away with this contraction, which I may call the last contraction of life. I blew it up, left it again, but I never found it contract any more. Therefore the contraction was not owing to the contraction of tissue, not owing to any quality it had as matter, but to the contraction of the gall-bladder. Now this slow but powerfully acting irritability does prevail to the extent that is required for the functions of the gall-bladder ; for what is required but to urge the bile slowly and gradually from the gall-bladder into the intestines when the aliment is passing into them ? And that is the contractibility which it seems highly probable is performed."

Pursuing the practical application of this theory, let me call your attention to another form of cholera, which we often meet with in that class of patients called dyspeptics, and which from that circumstance I have called dyspeptic diarrhoea here. The passages are of the color, consistence and foamy appearance of new yeast, and a very formidable symptom I have usually found it ; not by any means yielding to opiates, astringents or absorbents, singly or combined, for, except in so far as the volume and number of the evacuations may be concerned, I have never seen any permanent benefit from them. But here again exhibit calomel, opium and ipecacuanha in some of its combinations, and push it until you procure the peculiar green evacuations before spoken of, and my experience *asserts* that if no organic derangement has been established you will invariably effect healthy convalescence. And here let me caution against the continued use of the salt of mercury, and advise the substitution of the oxide, which exercises, though a similar, yet far less powerful and abiding influence on this secretion of gall and its emulgence from the gall-bladder.

The absence of this peculiar secretion or fluid in this form of disease has been so notably commented on, and the absolute necessity for its presence so perseveringly dwelt upon by authors on clinical practice, that finally it has been gravely proposed to administer inspissated ox gall to supply its place. The advocates of this treatment, still haunted by the visions of a bladder or receptacle of bile, forget, it appears to me, that the mere admixture of this substance, however so homogeneously, with the contents of the stomach, can exercise but little if any influence in restoring the abnormal condition of the gland or viscus whose duty it is to furnish this fluid at the proper time and in appropriate quantity.

In the various forms of dysentery dependent on the *febris introversa* of Sydenham, as *dysenteria mucosa*, *cruenta*, &c., I have usually, nay, I may say invariably, found all the more urgent symptoms yield readily to the continued presence of a few evacuations of this green color, produced by the same medicinal agents before referred to, and the tormina and tenesmus, which are so excruciating, and which had resisted the influence of opiates and alkalies in every form, yield at once, and convalescence become established.

The absence of gall may depend upon one of two causes: 1st, the organ may be diseased and fail to secrete it in sufficient quantity, or it may eliminate a fluid of impure quality: in this event, the evidences of disease are of a chronic character, as we should readily suppose; or 2d, the viscus may secrete healthy gall, but its excretory duct may be obstructed by spasm or sudden paralysis, in which case we may expect the result would necessarily be an acute attack of disease: in each instance spending its force upon the alimentary canal, and presenting the phenomena of diarrhoea from depraved or suddenly arrested digestion.

This leads me to obtrude upon your attention some remarks upon cholera morbus and Asiatic cholera. We all too well remember the desolation and terror with which this giant disease has been attended within a few years, in its terrific and almost resistless march from continent to continent, until it has encompassed the globe. Obeying none of the laws which we had been taught to believe govern epidemics, it defied the influences of climate, locality, season, age, sex, color, occupation, temperament or habits of life, striking down even unto death, with relentless certainty, alike the athletic youth, the tender babe, the delicate female, and feeble age—all, all alike passing to the grave in from 12 to 48 hours, neither claiming nor receiving any respite or delay from the most robust health. With the symptoms of this most terrific of maladies you are all too familiar to need any description from me, and it is with the symptoms we have to contend, for the cause is wrapped in impenetrable mystery. Whatever then may be the remote, predisposing or exciting cause, the phenomena presented to my senses at the bed-side of the patient forced me to the conclusion that the proximate cause or *ipse morbus* was, an obstruction of the cystic duct, by which the secreted gall was prevented from flowing into the duodenum.

That it was a spasm of the cystic duct I infer: 1st, from the sudden character of the attack upon persons enjoying full and perfect health a few minutes, or at most hours, previously; 2d, from the sudden subsidence of all alarming symptoms

upon the use of appropriate remedies; 3d, from all the most approved remedies being antispasmodic in their action, either directly, or indirectly; and 4th, specifically and especially, because as soon as those remedies produced an evacuation of gall of the peculiar Polish green, the patient was safely pronounced out of danger, if the disease had not superinduced some of those formidable organic lesions which autopsies disclosed upon the living membrane of the intestinal canal, and which, as I think, have been improperly, and in many essays upon the disease, mistaken for the proximate cause or ipse morbus.

Remarks on the uses and effects of Sulphate of Quinine.

Presented to the Medico-Chirurgical Society of the City of Richmond,
Nov. 16th, 1852.

BY JAMES MCCAWE, M. D.

MR. PRESIDENT,—I design to present to you and to the society to-night the views which I have formed as to the use of quinine in the treatment of disease, and as to the various modes of administering the remedy. These views have become so much modified by an experience of nine years in the use of the drug, and knowing the great difference of opinion held on this subject by the profession, I hope that this short paper may interest you, and elicit a discussion which may be mutually profitable.

I do not intend to-night to say anything of the use of quinine as a tonic: its use in small doses as a tonic is well recognized. It never has been a favorite with me: I have always much preferred cinchona bark itself, or many of the other barks. I have sometimes used quinine and iodine in combination, say $\frac{1}{2}$ grain of iodine and 3 or 4 grs. of quinine twice daily, in cases of chronic enlargement of the liver and spleen: this, together with an assiduous use of iodine ointment over the spot, will generally act well, and also the sulph. of iron and sulph. of quinine will be found useful; but if we were to judge of the value of this remedy by its effects when taken in small quantities, I think that we might dismiss it from the pharmacopœia, and do without it very well. But this drug, when used in full and decided quantities, and made to produce its specific effects on the system, is a very different and more powerful agent—an agent which has rescued the most beautiful and fertile portion of our own state from the curse of the pestilence, and which is destined to bring all of the fevers (not secondary), from the mildest intermittent and the ob-

stinate continued, to the fierce vomito and the deadly yellow fever, within our grasp.

First, then, How does quinine in large doses act on the healthy system?

It is a very common custom with persons living in a malarious country to take, whilst in perfect health, large doses of quinine as a prophylactic; and thus used weekly during the summer and autumn months, I believe that fever of all sorts and grades may be often effectually baffled. I myself have been for five years in the habit of using quinine in this way to drive away disease from my own system, and therefore speak from positive knowledge on the matter. Let a person then take a full dose of quinine: I think that the minimum full dose is, say, 12 grs., the maximum 40 grs.; let him take 20 grs. of quinine whilst in full health; what are the effects produced? In an hour probably, you would find that the general system would be slightly excited: not at all a marked excitement, but the pulse will be rather fuller, the skin warm but moist, the brain not seeming to be affected in any way; in fact, nothing very noticeable to a common eye; but still I think a slight period of excitement. Two or three hours pass by, and you will feel powerfully the action of the dose; the skin will be cool and very moist; clammy and colder as time passes; pulse *generally* quicker and feebler. Your head does not ache or feel full—not in the least; but a great roaring, buzzing, like the sound of rushing waters, in your ears; the mind feels depressed; nervous, and an ungovernable trembling of your limbs; there will very often be deafness, more frequently than otherwise, but not always; the mouth is dry, and some thirst; a disposition to sigh and yawn is very common; in truth, a man who is just out of a heavy debauch, who is undergoing the ordeal of that terrible *next morning*, feels very much like you do. If you are susceptible to the action of quinine, or have taken more than usual, these depressed, jarred and nervous feelings will increase, &c. I *have* seen two cases of delirium tremens following a heavy dose of quinine.

Such is the specific influence of sulphate of quinine in full doses on the system. I have felt it myself. I have seen it in others many times. Modified it may be by circumstances, but in the main this is a correct description of the system during cinchonism. Sometimes the head is complained of, and in these cases I think it is attributable to the irritant influence of the quinine on the stomach, (that is another fact with regard to this agent, and many times cripples and very much curtails its beneficial influences). It is certainly a local irritant to the mucous membrane of the stomach, and occa-

sionally it will affect the enteritic mucous membrane in the same way.) I have also rarely seen any predisposition to sleep or coma during cinchonism, but rather the reverse, wakefulness, and an almost irritable condition of the mind, is frequently seen; and in truth, the remedy when pushed very far produces a condition of the brain analogous to delirium tremens. But remember that this delirium is a different thing from that caused by alcohol: the stimulant stage of alcohol is powerful, long continued, wearing out the brain, and carrying it through a very protracted and dangerous phlogistic stage, to arrive at this prostrated and depressed point; whereas with quinine, the stimulant stage is barely marked, and the sedative point (if sedative it is) is quickly reached. Thirty grains of quinine taken in early morning may leave you with trembling hands and feeble pulse and even wandering intellect, and this in four or six hours after; by night the power of a dose will have been spent, and a repetition of it probably necessary. The two conditions of brain are analogous; but one is arrived at directly, almost primarily; the other, secondary, and only by means of a long stage of intense excitement. The difference, practically speaking, is this: that if you were certain that a man suffering with high grade of fever, intense cephalalgia, burning skin, strong pulse, it may be, congestion of the brain—I say, if you were certain, by bringing him to a point approaching delirium tremens, you could certainly stop his disease, you would not give him alcohol, you would kill him before you got to the curing point; you would have to face so many dangers and run so many fearful risks to put his nervous system in the desired condition as to prevent your making the effort. It remains to be seen if with the quinine we cannot reach this wished for goal without passing over this dangerous route.

To sum up, then, I conclude that quinine, taken in full doses, acts upon the nervous system almost entirely, producing a state of depression, prostration or debility, altering and modifying the action of the whole nervous tissue, and when carried very far, bringing a condition of things very analogous to that condition of the brain called delirium tremens, to be remedied in the same way that delirium tremens is: that is, by the use of stimulants and opium. In the two cases I have alluded to, in which a delirious condition of the brain was induced by the use of quinine, I found that a full use of brandy relieved at once and acted as a complete antidote. In one of these instances, an old tavern-keeper in the country, who had not been in the habit of taking quinine, was attacked by remittent fever; he took sixteen grains of quinine about 2 o'clock, P. M.

That night I was sent for by him, and found him with a moist, soft skin, free from fever, pulse quick and irritable, tremulous hands, and he busily employed in repeating love passages from a novel which he said he was writing; he knew every one and talked very rationally upon all subjects, said he felt very well, and wanted to know why I came to see him at night to make five dollars out of him, and then he would begin to describe the interesting scenes which were passing rapidly before his mind's eye. A full dose of morphine and a glass of brandy and water checked this condition of things, and the next day he was well. The other case was that of a young lady, who, from taking 20 grains of quinine during the *intermission* of fever, fancied herself surrounded with monkeys, snakes, etc., in fact with all of the symptoms of delirium tremens. A large julep relieved at once this state of things; she did not complain of headache, her cheek was not flushed, and her pulse was quick and irritable. These are the only instances I have met with in which quinine has gone to this extreme point, though I have for nine years used it in the fullest doses. I therefore think that it is not often that it will go to this extent, unless foolishly pushed; but I have on my own person used the stimulant frequently to check the unpleasant trembling and depressed condition of the nervous system, and I have many times prescribed it to others, and always with prompt success. I therefore have to come to the conclusion that quinine, exerting its influence so entirely on the nervous system, and producing on that system an effect directly the reverse of stimulant, and at the same time not affecting the general system either as a stimulant or a sedative, or if at all, temporarily, may be used in cases of inflammation or during the progress of fever without any fear of increasing the amount of inflammation or elevating the force of the fever; and if there should be accompanying such an inflammation, or if such fever should be produced by, any of those causes which may be cured by the use of quinine, that it may be used without hesitation and with great effect.

And now, gentlemen, let us see where we find ourselves. We say that quinine may be used during the height of a fever and during the progress of a grave inflammation without hurt, and we say so from positive experience. What do the books say? Read the U. S. Dispensatory, or Pereira, or Christison and Griffith; or read the authors on the practice, say Watson; or take that admirable work on the practice of physic by Dr. Geo. B. Wood, one of the most accurate observers of the effects of medicines in this country—and they contradict

every word I have said. Quinine, say they, is an excitant. Quinine is a powerful stimulant, it produces congestion of the brain and even inflammation of that organ; it must *not* be used during the progress of fevers; it will *bring on* inflammation; it brings on intense cephalalgia and coma and convulsions; even with those fevers in which you know that it acts as a specific, you must not venture on it until there is at least *some* remission, some breaking down of the power of the disease. Dr. Wood says that some facts are coming up now and then which will not tally exactly with this view of the subject, but still we must continue to think thus of the effects of this remedy. These are the views of all of our best authors; their books are in the hands of every student of medicine in this country as text-books, and yet I say that the young practitioner, when thoroughly imbued with this stimulant theory, goes out to practice his profession over the broad surface of our southern and western states, where fevers of the most deadly and fatal character prevail—fevers which I don't hesitate to say we know not how to cure, except by the use of this stimulant, given during periods of great excitement; congestions that we can only control by giving this drug in doses which they have been taught to think will *produce* congestion; coma and convulsions, which we can relieve in no other way but by the use of *that* which they have been led to think will certainly produce the very condition of things they want to cure—I say that the disciples of these distinguished authors will have either to change their views or stand by many a bedside and see their patients rapidly sinking under the force of those malignant fevers, congestions and comas, whilst he waits for his chance to introduce *the* remedy which he knows will cure them, provided the proper time ever arrives when they may safely be given.

It is due to Dr. Wood (to whose work I just now alluded) to say, that he is inclined to acknowledge that in some cases and in some climates there may be a tolerance of quinine existing; and in that way he accounts for the fact that the Southern and Southwestern physicians cure a state of things in the South by a remedy which, he says, will *produce* the identical state of affairs at the North. That may be so; it may be that at the North quinine produces congestion and inflammation of the brain and coma and high fever and intense headache, and in all respects acts as a powerful stimulant, and possibly it may be that there is some climatic or constitutional difference which renders our Southern country tolerant of this powerful stimulant, and so makes it an equally powerful agent in the cure of these morbid conditions. But the

point I want to arrive at is, that here, among ourselves, and still more as we go towards the tropics, quinine must not be looked upon as the dangerous excitant and stimulant which the schools and the books tell us it is, but that in those diseases to which by its special influence it seems to address itself it should be used unhesitatingly and boldly, and that it will *not* be found to increase the excitement, but to reduce it—that it will *not* be found to produce congestion, but to cure it; and that even where it may be needed during the progress of an acute local inflammation, it will have no hurtful effect unless that inflammation should be gastritis or gastro-enteritis, where it acts as a local irritant. Poorly armed indeed is the man who goes up and down our beautiful streams and our fertile valleys, where there is nothing to mar or disturb the happiness of the resident, save those deadly chills and malignant fevers, and attempts to wrestle with his fierce foe with his hands tied behind him, and who has to wait until there is no fever and no excitement, no congestion and no inflammation, in other words, until his patient is cured, before he begins the use of the only remedy which has any control over his adversary. I would as soon try to cure an acute pleurisy by applying a leech every two hours, or a severe spasmodic colic with a drop of laudanum every two hours, or a strangulated hernia by the introduction of a soap suppository, as to attempt to manage our malignant fevers and congestions of the South with 2 grain doses of quinine given every two hours during the remission, which never will come, unless nature should happen to be strong enough to put down for a brief time the deadly invader.

Well, gentlemen, having thus proved to my satisfaction, (if not to yours,) that quinine in full doses is a special agent, modifying and altering the nervous system, so as to cure many grave diseases originating in that nervous system, but that it does not excite and stimulate the general system; and hence its use, when required, is not contraindicated by the existence of inflammation, congestion or any other phlogistic condition of the general system. We come next to the question, To what class of diseases does this remedy apply?

I have just answered the question. Quinine *does not* apply itself to the cure of inflammations of a local character. It is *not* in my opinion an antiphlogistic at all. It has very little effect either one way or the other upon inflammation, neither makes it better nor worse, always excepting the case of gastritis and gastro-enteritis, where it acts locally. I know that some of the quininists do say that it is of great use as a sedative even in this class of diseases. I do not think so myself. I have not found it so, certainly. I have given it many times

during the progress of pneumonia and pleurisy, complicated with intermittent and remittent fever, and I have always seen it cure the complication, but never the inflammation. In truth, the short stimulant stage of the remedy would possibly add to the inflammation, but that its special influence over the accompanying fever, stopping the daily paroxysms of congestion, which must be so pernicious to the favorable termination of the disease, amply repays you for this slight mischief. I therefore do not now claim much for it as used in the treatment of inflammatory diseases. But, claiming as I have done, that its special effect is produced on the nervous system, modifying and altering the action of that system whilst in certain conditions of disease, and restoring it to health, you may naturally suppose that it will be found of most use in that class of diseases in which the nervous system is seriously involved. Hence it shows its power mainly in the cure of rheumatism, neuralgia and diseases of that class, and in all of the numerous fevers called idiopathic, or those not dependent on an antecedent inflammation, where, as I do not think it will cure the inflammation, it cannot cure the fever. But in that large class of fevers in which the nervous system is the prime sufferer, and in which, if there is any inflammation, it is consequent upon the numerous congestions occurring during the progress of the fever—upon these we see the beneficial agency of this special nervous alterative fully exemplified. Its influence over rheumatism is very marked. I think I have found, that after a rapid and thorough purgation, say with colchicum and sulphate magnesia, a full dose, say twenty grains of quinine in combination with morphia, has given great relief to all of the symptoms many times, when the acute pain could not be controlled by opium in large quantities, nor by general or local blood-letting or local applications; the addition of 20 grains of quinine to your opiate will be productive of great benefit and relief. I do not say that it will do it always. If the rheumatism is mainly an inflammation of a fibrous tissue, I do not expect much from it. As I have said, I do not think it has much influence on inflammation unconnected with nervous complication. But the nearer the disease approximates to neuralgia, and the farther it seems removed from local inflammation, the better quinine acts. A fibrous inflammation around the shoulder joint may want for its cure the use of calomel and opium, blood letting, general and local, &c.; but an attack of that form of rheumatism, to-day here, to-morrow there, fugitive, without a local "habitation or a name," quinine will do good to. In chronic rheumatism, I do not think so much of it; you have to give it too constantly, and I never

like to give quinine too long; it irritates the stomach, and very often the bowels, and unhinges and depresses the nervous functions; it retards rather than promotes convalescence; it hinders the patient from returning to a natural condition.

Again, quinine, as you all know, acts upon neuralgia very frequently like a charm. Given in 15 or 20 grain doses, it drives the acute pain away like magic, and overcomes in a few hours, what the largest opiates had failed to relieve. It is, *unfortunately*, too ephemeral in its influence for its obstinate enemy, and you have very often to repeat the dose. Here you have to watch its irritating influence on the stomach. I have seen very troublesome consequences result from the long continued use of quinine in neuralgia producing a chronic irritation and dyspeptic condition of the stomach. I had a strange case of this sort once. A lady who had suffered dreadfully from neuralgia of the face found herself greatly benefited by my prescription of 15 grs. of quinine daily. In fact, it cured the disease; but it superinduced an obstinate and long continued irritative sort of dyspepsia. But the curious part of it was, that she could eat anything, no matter how rich or highly seasoned, whether of fish or fowl, preserve or pudding, and yet she could not touch flesh of any kind without bringing a violent pain in the stomach. She could eat of the bipeds freely, but not a bit of a quadruped could she venture to taste; a plum cake would agree, a bit of cold beef or mutton would give instant pain. I think quinine caused that dyspepsia, but I never saw it produce such a queer one before. Well, about giving quinine in the remissions, I always prognose more favorably of the benefits resulting from the use of quinine where the neuralgia remits, just as I expect to cure an intermittent more easily than a remittent, and both more easily than a continued fever. You have not got so much to do. Nature has succeeded temporarily in her contest with the disease, and you have but to aid her. But because the neuralgia does not remit it, that is no reason why quinine may not cure it or relieve it, and I therefore always give it in full and repeated doses combined with opium, and in feeble cases, to check its depressing influence, with wine, or what is better, some pure spirits, such as our home-made whiskey. But, gentlemen, I must hasten on; I already fear that you may think that I am administering too heavy a dose of quinine to you to-night, as well as to some of my patients of whom I am now going to talk, so I'll enter at once into a short sketch of the uses of the remedy under discussion in the treatment of fevers. And first, of intermittent fever. What are the phenomena presented to us during

a paroxysm of intermittent fever? We see the system attacked by a mysterious agency, and invaded apparently through the medium of the nervous system. The whole frame trembles at its approach; the blood recedes from the circumference to the center, the limbs ache, every nerve in the body is vibrating, and every muscle is involuntarily contracting under the influence of the demon; the skin is cold and corrugated, the brain depressed and prostrate—nature seems cowering at the feet of the enemy. This condition of things continues for a longer or shorter time, and constitutes the first stage of the paroxysm, the period of invasion, when the disease seems to have everything its own way; but soon nature, which has been thrown down but not conquered, which has retreated but not surrendered, begins to *resist* the demon and a fierce battle ensues. She sends out her columns of blood which she had withdrawn at the approach of the foe, and begins to drive him back. A hot contest ensues, the brain becomes excited, the heart struggles bravely to force forward the blood and again take possession of the out-posts from which it had fled: fierce is the struggle, and extreme the excitement, until at last, nature, triumphant, drives off her dangerous opponent and sinks panting and languid into a state of repose, the big drops of sweat coming from every pore. The doctor stands by all the time; he knows by experience that if that human system had been charged with quinine the demon would never have fired a gun; he knows that a chill will not come near a cinchonized patient; but he got them too late, he was on the ground only three hours, say, before the chill; or may be it was approaching, or possibly he might have arrived only in time to see the system victoriously rally and free herself from the evil; but it was too late. Dr. A and Professor B, or his teacher at college, or the United States Dispensary, told him he must never give his specific too close to the time of chill, or during the fever: so when his patient begins to get cold and sink in the contest, he gives him something *warm*; when the system makes a rally and begins the hot fight, he gives it something *cold*; and when he sees the flag of victory flying in the breeze and is perfectly certain that the enemy is gone, he steps up complacently and proposes his 2 grains of quinine every two hours. The battle is won and he wants to share the glory. He stood by and did nothing, but now he says to nature, "Here, take this nauseous dose: only 2 grs. of quinine; if you had but had it in you before, you would have whipped that fellow very easily." Poor old *vis medicatrix*, panting and sweating from the fatigue of her single handed contest says, "*Why* did you not give it to me, then?"

You stood by and did not help me at all, and now after I have driven him off, you offer me this panacea." "Well," says the doctor, "I wish I could have given you this before; it would have helped you mightly. But the books and the professors, and the United States Dispensatory, they all say it will make you worse, it will affect your head, it will increase your fever; but now you *must* take 2 grs. every two hours, and then he will not come back any more." "But," says nature, "he is not coming back for forty hours, and this thing wears out in ten or twelve hours. I think you had much better wait until I want help, and then give it to me, and do not worry me now when I have got a respite." Yes, gentlemen, this is what the doctor does: he sees the invasion, the battle and the victory, holding all the time in his hand the certain controller of this evil agency, and will not use it, and *then* he begins to throw it away upon his patient at a time when it is not required. But just let old prejudices, and the notions of the books and the schools and the dispensaries alone; believe that you can cinchonize your patient in two hours sufficiently to stop the progress of this enemy, and that in the act of cinchonizing him, you do not excite his general system but to a trifling extent and but for a short time, but you replace the diseased agency acting on the nervous system with the curative agency of quinine, and old vis medicatrix will be much obliged to you for your help, and admit you to a share of the honor. The best time to see a patient is from three to four hours before the approach of the paroxysm: 12 or 15 grs. of quinine *then* will almost certainly stop the disease, and I think from six hours before the paroxysm up to the termination of the hot stage, is the *only* time that quinine is effective; all that is given at other times is for the most part wasted, or does but half the good it ought to do. For those who are afraid of the high price of the drug and hate to see it wasted, let them give 10 grs. at the right time and it will do more good than 30 grs. scattered along through a period of 36 hours. My experience then leads me to believe that quinine is most useful when you can get it in just in time to have the nervous system under its influence as the evil agency approaches; but though it has *seized* its prey you can still make him let go; it takes a bigger dose to do it then, and may need some stimulant to hurry it and give it more speed, but it will inevitably curtail the hot stage and make it less violent; and what is more, when the enemy does go he does not come back any more, he has got enough for that time. Has the hot stage come? You do not know how long the battle may last, therefore bring up your great *old guard* to the relief of dame nature, and see how the

congested brain and lungs and liver and spleen will thank you for the aid. Gentlemen, I have seen the liver and spleen perceptibly diminish in size as a good big dose marched triumphantly on in its influence over the system. I have tested this thing by percussion and know it. If your patient has had many attacks, and one congestion after another, which the cold stage (or the disease, for the cold stage is the period during which the disease is operating,) has produced, has left behind it functional derangement, chronic enlargement and torpor of the liver or spleen, (and such is always the case, and much more apt to be so if you have been giving hot drinks during the chill and cool drinks during the fevers, and 2 grs. of quinine, *the great anti-periodic*, during the remission,) I say if this should be the case, of course calomel or iodine will be wanted, but the *great point* is to give nature the quinine at the time she wants it.

Well, gentlemen, now of remittent fever. If the other was a little devil, this is a bigger devil; sometimes he is so big he is hard to whip, but he belongs to the same family and is conquered by the same weapon. If I have persuaded you to give quinine, as I do, during the progress of intermittent paroxysm or just before its access, I will have no difficulty in getting you to use it in remittent. Being, as I said, a big devil, you will have to give big doses and repeat them. You come to see your patient and you will have to give him a mercurial purge, particularly if his doctor has been waiting for the remission to introduce *the great anti-periodic*. Give him, then, 10 grs. of calomel and 15 grs. of quinine; if it don't drive off the disease, which will be evidenced by a cessation of the fever in four hours, then give 15 grs. more if you choose, with some saline purge, and so on. My experience is, gentlemen, that you will save your patient in half the time and won't have to give him half the quinine, *which you know* is an object *greatly* to be desired. In most of the remittents which we see in Virginia, the first 15 grs. will stop the battle; further south, of course they are most obstinate. I always stop the use of quinine after the patient is relieved, as quickly as possible. I want to save the stomach, which may become irritable, and which is predisposed, from the state of congestion it has been under, to become inflamed; and I think your patient will convalesce faster. If the stomach is very restless under the use of the quinine, and you are afraid to bring a mischief, then injections of the same drug will act equally well. With *children*, who resist very much in swallowing the bitter draught, and many of them will struggle even if taken in coffee or tea or with tamarind, which conceals somewhat the taste, I have

been in the habit, to avoid a difficulty with them, to give them quietly the quantity desired by an enema. I don't think you have to increase the dose a great deal; it acts as promptly in most cases as if taken by the mouth. The tannate of quinine I have never used; if you give it in solution, what you save by overcoming the quinine bitter you lose by having the tannin bitter; and as to giving it in pills, it would require the whole time of an apothecary to make up the pills fast enough to get in a proper dose. I have not given a pill of quinine for five years, (I mean in a case of fever,) and I do not expect ever to do it. *No.* Give three full, bold doses in coffee or by enema, and you will meet with satisfactory results. I will hasten on to congestive remittent.

Now, gentlemen, we have gotten the biggest devil of all to conquer. He don't shake you so hard when he makes his attack, but he holds on *so* long—he chokes the poor old *vis medicatrix* very often to death before she has time to make a rally.

You cannot wait here for nature to gain the victory and then propose *your great anti-periodic*; you cannot look out anxiously for the remission of fever, when Dr. A. and Professor B. will permit you to give the only thing that possibly can control the progress of this dreadful disease; there the victim lies, perfect stupor, congestion of brain, lung, liver and spleen, probably the cold stage continuing for 12 or 18 hours—very often until death; or, if any reaction has taken place, it is feeble, and without avail. Pulse sometimes slow and dull, sometimes quick and feeble; pupils dilated—in truth, exactly in the condition that Dr. A., Professor B. and the United States Dispensatory and all the rest of them say you will put a person in if you give them large doses of quinine. Well, gentlemen, I will raise the flag of Hahnemann for once, if these great authorities force me to it, and I will prove the truth of his cardinal axiom, “*similia similibus curantur*,” for if you do not give that patient quinine in immense doses, and that at once, he will die; and if you do give him that remedy boldly, persistently and without fear, the congestion will fly before you, the coma will disappear, the circulation will be equalized, the desperate invader will be vanquished. I know this from experience—not once, but many times; and unless I have wearied your kindness already, I will give you a short sketch of a case—the last one of congestive fever I have had.

During the month of October 1851, I was sent for to see a negro girl living 15 miles from me on James river, and at a very sickly place. There had been two deaths at that place from congestive fever during the fall, both dying in the first

peroxysm, before any remission had taken place, and before any medical advice had been obtained: the last one I saw not 15 minutes before he died, and of course did nothing. Well, I went down and found the patient, 13 years old and not very robust, in a complete and profound coma; she had been picked up in the yard the evening *before*; was then very cold; after a while became warmer, but had been perfectly unconscious during the whole night. She had, so the nurse (her sister) said, a hundred fits, but they had stopped before I arrived. Her head *then* was very hot, but her pulse was not very full, but quick, and her extremities quite cold; eyes staring and pupils dilated; breathing labored and heavy; fingers and toes convulsively drawn; jaws clenched, and perfectly unable to swallow. This had been her condition for 18 hours: so profound was the coma, so intense the congestion of the brain, that I thought she would die very soon. I shaved her head and poured cold water over it continually; I forced her mouth open and dropped in 2 drops of Croton oil, and enveloped her extremities in mustard plasters and warm applications. I staid until evening; for, gentlemen, I really was *afraid* to give the quinine, the old prejudice was yet in me, and I thought I must try to overcome that intense congestion. I had no cups or leeches, and there was not reaction to satisfy me as to the propriety of general bleeding. The oil not purging, I repeated the quantity, and put on blisters to the back of the neck and to the epigastrium, and left her, being compelled to go somewhere else; in fact I thought it a desperate case, and I tell you they don't last as long as she did. The next morning, very early, I returned, and found her exactly as I left her—if anything her pulse was fuller and head hotter; the Croton had purged three times, and blister had drawn well. I felt I had done wrong in not having used the *quinine*, and gave her at once 30 grs. in 4 ounces of gruel per rectum; I waited 4 hours, and finding no change, gave 30 grs. more in the same way. I left 12 grs. of calomel and 25 grs. of quinine, and told her sister if she should be able to swallow during the day, to give it to her. I also put 25 grs. in a paper, with directions to give it in the morning if possible. I left her. About 3 hours after the second enema she became sensible, (as her sister told me;) she gave her the calomel and quinine at once, and to make sure, that night she gave the 25 grs., making 110 grs. of quinine that child of 13 years had taken in 12 hours. That night she slept some, was perfectly sensible, and when I saw her the next morning was, you might say, *well*; her hands were trembling a good deal, her skin soft and very moist, her head perfectly clear, and no headache—“*similia similibus curantur*” for ever!

Lastly, gentlemen, I will call your attention for one moment to the use of quinine in *continued fevers*—and this most important branch of my subject I shall be compelled to run over very hastily. I think that the whole evening might be most profitably spent in its consideration. I have not time, however, to illustrate the use which I have made of this remedy by the many cases which I could detail to you, and will merely say, after I had to a great degree stripped myself of the prejudices which education and the books had put into me, and had found out that quinine, whatever it was, *was not* a stimulant, and that the nervous system when put under *its* influence seemed to resist all form of fever *not* dependent upon inflammation primarily, I tried its use and effects upon continued fevers, that “*opprobrium medici*,” that disease which we stand by for weeks and months and see put down by the natural powers of the system, and do little or nothing for ourselves. I have tried the quinine for five years very boldly in this lingering and most obstinate disease, and believe that it is worth everything in the apothecary shop put together. Get a case of *real* continued fever—not a secondary fever, not a fever like the typhoid fever, properly so called, which is dependent on an inflammation of the enteritic glands, not the low grade of fever which accompanies local pneumonia, and which is frequently thought to be simple fever until at last the primary cause shows itself: quinine will not cure this fever. I do not claim that it will cure *any* inflammation—but take a case of continued fever, *idiopathic*, the fever of the books, whether of high or low grade, and I believe that quinine will in many cases cure them? A very mild aperient prescription, very *general superficial blistering, large, but shallow and oft repeated*, and quinine, in 20 grain doses every four or six hours, will many times stop the progress of a fever, which otherwise would run its usual course of weeks and months, and prevent the many dangers which spring up during the progress of such a fever from local inflammations occurring in all parts of the body.

There are two causes which prevent oftentimes the favorable action of quinine in continued fever: the first is, that unfortunate tendency it has of irritating the gastric mucous membrane and sometimes the enteritic membrane—and we know how prone they are even in simple fever to become involved; and another reason is that we very often see our patient after he has been sick for many days, though walking about and attending to his business, *well*, only (as he thinks) a strange want of appetite and loss of sleep, and weakness of limbs, which goes on until at last he has to go to

bed and call for his doctor, who finds him in the full stream of a long fever. But even here I have notes of cases in which quinine has brought up the fever all standing, and handsomely cured the patient. I have one case in my memorandum book of a young man whom I was called to see, owing to the illness of his own physician, who had been attending him for forty days. He took 20 grains of quinine every two hours; after the third dose his fever fled *before the great anti-periodic*; his headache, (*what a headache it was,*) his burning tongue and throat, his restless, sleepless nights, (I will give the case in full some of these days to our friend of the Stethoscope,)—but you can imagine his condition, after a persistent fever of forty days duration, and all driven off in six hours by sixty grains of quinine! What is a man to think of the books, the profession and the wise men in the profession after that?

Some one may say, "Ah, doctor! but you have been living in a malarious country, where every fever and every disease of any kind is more or less tinctured with the prevailing miasm, and I believe with you that quinine is the *great anti-periodic*." Well, there is a great deal of truth in that remark—and I think myself that I shall not find the same number of favorable cases to jot down (and bore medical societies with) in this place as I used to do in the country. But, gentlemen, a congestion is a congestion, a headache is a headache, a fever is a fever; and my main object is to prove to you that quinine will not only *not* produce congestion and headache and fever, but that it will cure them. If I have not done so, it is my own incapacity to do justice to the subject, for I have got the facts to prove it.

But since I came to Richmond, I have tested this thing, whether in a simple continued fever quinine is not curative, and I have found it so. In one case, that of a gentleman of high respectability, who had been going about a fortnight at least after the fever invaded his system, his wife was afraid to let him take the quinine; she had the old story about not giving it in a fever or headache, &c., and her husband had *intense headache and high fever*. She agreed, however, to an experiment. So one day he took 30 grains, and that night his head ached but very little, and he slept better; the next day he took none, and behold, his head gave him such intense pain that I had to apply cups all round his head to give him relief. They were convinced, and he recovered rapidly. In the same house there was a negro girl attacked at the same time with the same disease, very high grade of fever and intense cephalalgia; and by the bye, she belonged to a medical gentleman of this town, who had been compelled to leave on ac-

count of ill health. (I do hope he is not one of the school which believes that quinine ought not to be given in a fever or with a headache.) However, I gave his negro girl 30 grains of quinine between breakfast and dinner, and that night she was clear of fever and never had another.

Gentlemen, *I have done*. I must ask your pardon for my long call upon your patience, and it may be, on your credulity. My design has been to direct your attention to the great importance of this subject, and that has been very hastily and hurriedly done. I hope that at any rate it may give to the society a nucleus upon which it may base a valuable and useful practical discussion—that is what I think we want—not so much to know whether quinine is a sedative or a stimulant, as to find out what disease it will cure and what do mischief in.

If any man, who believes that quinine is a stimulant, will only take 25 grains of it and six or eight hours afterwards try the effect of a strong stimulant, he will do more to settle this question in his own mind, than by reading every paper on quinine which has been published in the *Stethoscope* for the last twelve months.

Chloroform as an Emmenagogue.

BY THO'S M. MATTHEWS, M. D.

(Resident Student in the Baltimore City and County Alms-house.)

We publish the following brief report of a case without comment, because it is one containing a fact which is well worthy of further investigation. It is needless to express our own opinions of this case, but future observers may be induced to try the agent recommended, and it may be found to act otherwise as an emmenagogue than merely to break up the chronic spasmodic contraction of the neck of the womb, as it may have done in the case reported.—*Ed. Steth.*

Some short time since my attention was called by one of my fellow students to an article in the *London Lancet* (the number of which has been mislaid) in which chloroform was recommended as a *true* emmenagogue, and I resolved to test its truth as soon as a suitable opportunity should present itself. I have done so; and below is the report of its result. I have under my charge, in one of the wards of our hospital,

a patient who *assures* me that for the last *five* months she has been laboring under an entire suppression of her catamenia, but that at each *regular period* she has had more or less hemorrhage from hemorrhoids and from the nose. All the usual remedies for amenorrhœa had been tried time and again, but without success. As a last resort, I determined to administer chloroform, which I did by causing her to inhale it till she was *almost fully* under its influence. In about twenty minutes after I began its administration the patient was seized with "*bearing down pains*" of considerable violence, which went off in the course of half or three-quarters of an hour—this was on Friday, the 5th instant, 8 o'clock, P. M. On the 6th, patient said that she felt much better than she had done before my giving her chloroform, and on the 7th, (Sunday last,) about 12 o'clock, M., she had "*a show*" of the *normal quantity and quality*. Her *present* condition is such as it was *prior* to the suppression of the menstrual discharge. Without comment, I leave for the readers of the *Stethoscope* the decision of the question: Was the result a *post hoc* or a *proctor hoc* of the use of chloroform?

Baltimore City and County Alms-house, Nov. 1852.

Test for the Safety Point in Anæsthesia.

BY JAMES BOLTON, M. D.

(Laid on the table at the October meeting of the Medico-Chirurgical Society of Richmond city.)

In order to correct any misconception of my remarks on anæsthesia at a late meeting of the society, I have thought it best to reduce my views to a written form.

Being in the habit of using chloroform with great freedom in my practice, I have often felt the need of some readily applied and reliable test of complete anæsthesia.

In the minor operations, which are very quickly performed, such as the extraction of teeth, it is usually sufficient to direct the patient to cross his hands over the breast and to continue the inhalations until the hands drop. If the jaws are not sufficiently relaxed, they may be kept apart by means of a wedge of wood or ivory. Then, if the tooth be extracted quickly, the patient will not be conscious of pain.

In capital operations, however, the surgeon should never commence until a complete state of anæsthesia is produced. It is very embarrassing to the operator, and has a very awkward appearance, to be obliged to stop before the first incision

is completed and recommence the administration of the anæsthetic agent. The neglect of this cardinal rule has frequently prevented the surgeon from deriving full benefit from the agent, and has brought this inestimable adjuvant to physic and surgery into unmerited disrepute. A little observation will satisfy one of the insufficiency of the tests in ordinary use.

The patient may be in a state of perfect quietude, from which he will be roused by the first touch of the knife's edge. His hands may drop motionless, but will offer sudden and dangerous resistance to the hand of the surgeon. He may allow himself to be pricked without flinching, and yet struggle at the first incision. Stertorous respiration is much more reliable when it occurs, but complete anæsthesia may be produced and maintained without it. None of these tests therefore can be relied on.

The following test I have been in the habit of relying upon for about a year, and have never been disappointed. Nothing can be more easy of application.

After inhalation has been proceeded with for a few minutes until a state of quietude has been induced; resistance and restlessness have been succeeded by a state of complete calmness and relaxation; the operator, standing by the patient's head for convenience of exhibiting the anæsthetic agent, should direct his attention to the patient's eyelids. If he observe the least twitching of the lids, he cannot rely upon the condition of his patient; he must continue to press the inhalations further. Presently the lids become motionless. He must then raise the upper lid. If it be closed by spasmodic action when released, he may be sure that complete anæsthesia has not yet been induced. About this time, if the eyeball be observed, the cornea will be found rolled upwards, the pupil expanded, and either insensitive or nearly so. After a longer continuance of the inhalations, the eye will present the following condition: *the upper lid, when raised, will either remain open or merely droop; the cornea will present directly forwards; the pupil will be contracted and motionless.*

When these appearances are presented, the operator may proceed boldly, without fear of interruption from the patient. By watching the patient attentively, and occasionally renewing the administration of the agent, this condition may be maintained without permitting the patient to retrograde into a state of restlessness. It is quite remarkable how small a quantity of chloroform will suffice for each successive inhalation, in order to produce anæsthetic repose. If, for instance, half an ounce has been administered in order to produce profound anæsthesia, it will usually be sufficient to pour 3 ss. to

3 i upon the sponge at each successive administration, in order to preserve that condition.

In regard to the *safety point of anæsthesia*, I believe the true tests to be, the state of the pulse and of respiration. Let the operator frequently examine the state of the pulse ; and so long as it retains sufficient force and fullness, he may proceed with confidence. Occasionally he should observe the respiration ; and so long as the breathing is unembarrassed, he need feel no apprehension for his patient. It is at the commencement of inhalation that embarrassed respiration is most apt to occur. The exquisitely sensitive nerves of the larynx become irritated if the vapor be administered in too concentrated a form, a spasm of the muscles takes place, and in their effort to protect the larynx from the offending agent, produce a sense of suffocation. It is in this mode, I believe, sudden death has occurred from chloroform.

In order to avoid this disaster, I believe it is only necessary to let the patient have sufficient air. If a large quantity of chloroform be poured upon a sponge or napkin and clapped over the patient's mouth and nostrils, I should be just as much afraid of killing him as I would if I were to clap a wet towel over the only entrance for air to his lungs. In the latter case, the act of respiration, as well as the function, would be totally suspended—in the former the act might be imperfectly performed, but the function would be just as completely suspended. Oxygen would be as effectually excluded in the one case as in the other. No oxygen exists in chloroform, and its heavy vapor would force out the atmospheric air from the bronchial tubes and cells. Although ether contains oxygen, yet it is not a whit safer on that account, for this element exists in *chemical combination*, from which the function of respiration is incapable of separating it. For it is owing only to the fact that its oxygen exists in mechanical mixture that air is respirable.

Reflecting upon the fact of the greater specific gravity of the vapors of ether and chloroform than that of atmospheric air, it has occurred to me that an important means of restoring suspended animation from these agents would be suspending the patient by his feet, in order to allow the heavy vapor to escape from the lungs, while its place would immediately be occupied by the best antidote, respirable air.

I would remark in conclusion, that at the commencement of inhalation, the operator should keep a watch upon the respiration. If that becomes much embarrassed, he should remove the offending agent for a few seconds, and then cautiously re-apply it. The best mode of administration which I have

tried is that recommended in the report of the committee on anæsthetic agents to the Medical Society of Virginia. It consists of a piece of silk about eight inches square, with sponge which will hold when saturated not more than $\frac{3}{4}$ ss. With this it is almost impossible to give the vapor in too concentrated a form.

From these remarks, it will readily be perceived that in consequence of the attention necessary to maintain the anæsthetic state, the surgeon should always obtain, if possible, the assistance of one who has had some experience in the use of anæsthetic agents.

EDITORIAL AND MISCELLANEOUS.

Close of this Volume.

“Here endeth the second lesson.” We have learned much, but do not propose a recitation. One or two careless observations to our readers will suffice to make one *leader* in this number.

The fact that a medical journal can and shall exist in Virginia, is demonstrated. While its proprietor and sole conductor has no cause to be vain of its success, he would not be a man did he fail to acknowledge his deep sense of gratitude to the numbers of kind and spirited supporters which he has drawn around him.

The Stethoscope, like all other human works, has its faults—its egregious faults; but we trust it has merits too. However little these may be, we hope they are worth *three dollars a year*, and that its friends may continue so to think. Its continuance is decided upon, and we appeal to its supporters to continue their aid and to add to our subscription list. A few hundred more names could readily be obtained by the slightest exertion of our present patrons; and while they would improve amazingly the value of the work, they, as well as ourselves, would reap profit. We shall attempt to improve the merits of the journal, and feel confident in promising an improvement in the matter of the next volume. Reference to the table of contents and the roll of contributors to this

volume will satisfy even an enemy of the Stethoscope (if one exists) that it has the confidence at least of the profession of Virginia, and that it is' worthy of support. Almost all the *outsiders* whose names were on our books have been stricken off at their own desire, and we are glad of it; if there are any more left, we candidly say to them the Stethoscope will never give them any comfort, and they can easily find more pleasant reading.

We have lost the support of some half a dozen good men in the profession, which we regret. We regret it chiefly because some of them may have been deluded in regard to our feelings and our conduct editorially. If we have detractors, they are unknown, and their small assassinations are perpetrated in the dark. We do not know how we have done or will ever do anything to merit the censure of any disinterested or well meaning member of the profession. Our cause is the advancement of the profession of medicine; our aim is to promote all its interests *everywhere*, and to give our mite of aid to its progress and improvement in Virginia and the South. In conducting a medical press, independence is absolutely necessary for it to do any good in such a cause, and neither money nor other species of patronage can buy ours. We shall always say and do what we think right, and if we differ in sentiments or action with our well meaning brethren, we will always give them a fair hearing. But we do protest against slander in the dark; and if some of our friends have been estranged from us by stupid or malicious insinuations too ridiculous to specify, we cannot help it.

With thanks to our past contributors for their aid, to our readers for their patience, and to our paying subscribers for their cash, we send them our well wishes for a merry Christmas. We hope to hear from them all again in 1853.

Physiology illustrated by Vivisections—Dr. E. Brown Séquard.

The subjoined paragraph, taken from the *Boston Medical Journal*, partly shows the success of the worthy and distinguished physiologist who is now lecturing in this country. It affords us great pleasure to be enabled to announce to the profession of Virginia and North Carolina that they will most probably enjoy the opportunity of taking a course of practical demonstrations from this savan in Richmond by the month of February. We are informed that he now has a class of 60 *physicians*, and 45 students in another class, in Boston. This shows how our shrewd Yankee brethren appreciate such opportunities. We have no doubt but that he will find a large number of students and doctors here who will be anxious to profit by his useful instructions. If he can be induced to come, we will announce it in our next.

“Dr. Séquard, late of Paris, an eminent physiologist, to whom we have already referred, is now in Boston, and commenced a course of lectures before the medical profession of the city on Saturday the 20th of November. He comes with a reputation that commands the confidence of gentlemen who are familiar with the advanced state of the French schools, and we doubt not that all who can find it convenient to set apart one hour, three times in a week, will derive lasting scientific advantage from an attendance on his illustrations. From all the neighboring towns within a circle of twenty miles, such are the facilities for speedy communication with the metropolis, a large proportion of the practising physicians might come in and return without seriously affecting their daily business demands. Besides being a recreation, and enjoying the pleasant society of their early medical friends and associates, it will be a pleasant exercise of the mind to be refreshed with a rehearsal of lessons in the dissecting room, to which are to be added the extraordinary discoveries of modern physiologists, by one whose advances in that direction are represented to be extensive. If we could be furnished with a synopsis of each demonstration, they would be given to the medical public at large, and thus those at a distance benefited by the researches and discourses of this distinguished stranger.”

Death of Doctor Drake.

The painful intelligence of the death of Dr. DAN'L DRAKE has been spread by many of our cotemporaries. We subjoin the following obituary notice, which is copied from the Cincinnati *Western Lancet*. The future will do ample justice to the memory of our deceased philosopher, and his labors will still live and reflect honor and reputation upon the American profession throughout the world. His great work on the *Diseases of the Valley of North America* would alone canonize his name in the annals of medicine.

"By a mysterious dispensation of an all-wise Providence, we are called upon to mourn the loss of one of the ablest and most distinguished of our profession. Daniel Drake, M. D., died in this city on the 5th day of November, after an illness of but a few days duration. He had just completed his 67th year, and with much remaining constitutional vigor, gave promise of several years usefulness in his profession. But by an inscrutable act of an overruling Providence, this great man has been suddenly numbered with the dead, and transferred, almost in a day, from the theatre of activity and usefulness, to the unending silence of the tomb.

'Leaves have their time to fall,
And flowers to wither at the north wind's breath,
And stars to set—but all,
Thou hast all seasons for thine own, O Death.'

"Professor Drake had been subject, for a number of years, to attacks of cerebral congestion, which he ascribed to malarious origin. His last illness commenced as an ordinary influenza, which had been prevailing in this city for a number of weeks; and following this, his cerebral disease supervened, with more than usual violence. He had also been exposed to the atmosphere of typhous and typhoid fever, which, it is believed, had contaminated his system. Like physicians generally, he was too much inclined to prescribe for himself; and, with a mind somewhat out of equilibrium from the cerebral disease, he occupied the most precious time, and perhaps the curable period of his disease, (if such existed,) without the counsel of a medical friend. Soon it was perceived that his system was becoming rapidly prostrated, and his own perception taught him that death was near at hand. The cerebral congestion rapidly increased, and for a period of twenty hours prior to death, he was pro-

foundly comatose. Death released this great man from his earthly pilgrimage on Friday evening the 5th day of November, at five minutes before six o'clock P. M.

"It is not our purpose now to write a history of the life, nor to expatiate on the character of Professor Drake: we have not now the material, nor is this the time for such an article, but at some future period we expect to be able to lay before our readers an account of the principal events of his long and useful career. It will be seen by the appended proceedings, that a member of the faculty with which he was so recently associated, will be appointed to deliver an address on his life, labors and character.

"We have never known so many tokens of respect bestowed on any member of our profession, as have been manifested in relation to the deceased. All of the medical bodies of the city, together with those of Covington, the University of Louisville, and our citizens generally, held meetings, and passed appropriate resolutions expressive of their regard for the illustrious deceased. We copy the proceedings of the faculty and class with which he was immediately associated, and those of the profession of the city, many of whom had known the deceased for a long series of years."

Kentucky State Medical Society.

By the last number of the Transylvania Medical Journal, (which has been much improved of late,) we observe that the "Kentucky State Medical Society" has lately held its second annual meeting in Louisville. Its session continued during three days, and, from looking over the minutes, the proceedings must have been profitable and interesting. The profession in Kentucky seems to be rapidly and effectually organizing, and the right spirit seems to prevail, which will ensure the success of all the noble objects of medical organization.

We observe that several of the committees reported, and a full calendar was appointed on numerous subjects for the reports at the next annual meeting.

**Medico-Chirurgical Society of Richmond—First
November Meeting.**

DR. DOVE, *President, in the Chair.*

The Society met in the medical hall on Tuesday evening, November 2d.

Present—Drs. Dove, Beale, Bolton, Otis, Gibson, Little, T. Johnson, Roddy, Mills, Scott, Gooch, Cunningham, Snead, P. Trent, Clark, Deane, Haskins, Lewis and McQueen.

By general consent, the regular order of proceeding was suspended, and the following resolutions were offered by Dr. **BEALE**, and adopted:

Resolved, That the 4th sect. of art. vii of the constitution be so altered as to make the first regular meeting in December the annual meeting of the society.

Resolved further, That the constitution and by-laws be referred to the same committee which drafted them, with instructions to report the same to the next meeting in form to be printed.

The regular subject for the evening then came up; Vice-president **MILLS** took the chair, and Dr. **DOVE** read a learned and elaborate thesis.

The late hour, and the anxiety for election news, prevented any discussion on the paper. We refer our readers to the opening article in this number of the *Stethoscope*.

Asiatic Cholera was then made the subject for discussion at the first Dec. meeting—to be opened by Dr. R. A. **LEWIS**.

Dr. **OTIS**, librarian, then presented a report containing the rules for the regulation of the joint library of this and the State Society, which had been determined on by himself and the proper officer of that body.

[We will publish, at another time, the regulations of the library, for they interest a large portion of the physicians of the state.]

The librarian reported the condition of the library, and recommended the subscription to numerous journals. He also reminded members that they had the power to deposit books temporarily in the hall, which could be reclaimed at pleasure. His report was received, and the rules were adopted as recommended.

[It is due to remark that valuable donations were acknowledged from Drs. Cunningham and Carrington, of many rare volumes.]

On motion, all the unfinished business was laid on the table.

Dr. **BOLTON** then laid on the table a paper on “the safety point in anæsthesia,” which we publish in this number.

The society then adjourned.

Second November Meeting.

DR. A. SNEAD *in the Chair*.

At this meeting, held Nov. 16th, no president nor vice-president being present, Dr. SNEAD was called to the chair.

Present—Drs. Deane, Scott, T. Johnson, Parker, Haskins, Gooch, Roddy, McCaw, Snead, Little, G. Cabell, Broocks, Pollard, Otis, Beale and Lewis.

Dr. McCaw read an essay (published in this issue) *on quinine*, which elicited a very long discussion, in which Doctors Gooch, Haskins, Little, Parker, Deane, Beale, Broocks, Snead and Otis participated. We would be glad to give the views on many points of the speakers, but they were generally given in a very desultory manner, and our power of reporting was completely baffled.

The favorite method of using the remedy seemed to be in large doses, and its sedative action was generally admitted. Its action as a tonic was denied, and also the necessity for apyrexia for its exhibition. Nobody attempted to explain its *modus operandi*.

The subject of *Vaccination*, for the second December meeting, was then chosen, to be opened by Dr. Pollard.

It being then midnight, the society adjourned.

Chapman Medical Society—October Meeting 1852.

A regular meeting of the Chapman Medical society was held at Powhatan C. H. Oct. 9, 1852.

In the absence of the president, Dr. THOS. L. ROBINSON, senior vice president, presided. The minutes of the last meeting were read and approved.

On nomination by Dr. NASH, the following gentlemen were elected members of the Society, viz: Drs. R. W. NELSON, GEO. W. TINSLEY, A. S. McRAE, JAS. W. BRYANT, and THOS. TUCKER of Powhatan, and Dr. C. R. PALMORE of Cumberland.

The revision of the constitution being in order, various amendments were proposed and adopted. The most important alteration made related to the change in frequency of meetings. Sec. 1st of art. 5th was so amended as to read: "The regular meetings of this society shall be held quarterly on the 2d Thursday in January, April, July and October, alternately in Cartersville, at Cumberland C. H. and Powhatan C. H."

On motion, it was ordered that the annual meeting in April 1853 be held at Powhatan C. H.

On motion of Dr. ROBINSON, the code of ethics of the American Medical Association was adopted unanimously by the society.

The following gentlemen were elected a committee on a tariff of fees, to report at January meeting, viz: Drs. TINSLEY, ROBINSON, SHIELDS, NELSON, CRUMP and MILLER.

On motion, the discussion of the subject (Malaria) was postponed to next meeting.

On motion, it was ordered that the secretary forward an abstract of the proceedings of the meeting to the editor of the Stethoscope, and request their publication.

The society then adjourned, to meet in Cartersville 13th January 1853.

THOS. L. ROBINSON, M. D., *Pres't.*

THOS. P. SHIELDS, M. D., *Sec'y.*

American Medical Association.

At a meeting of the association, held at Richmond, Va. May 1852, the undersigned were appointed a committee to receive voluntary communications on medical subjects, and to award two prizes of \$100 each to the authors of the best two essays.

Each communication must be accompanied by a sealed packet, containing the name of the author, which will be opened only in the case of the successful competitors. Unsuccessful communications will be returned on application, after the 1st of June 1853.

Communications must be addressed (post-paid) to the chairman of the committee, Dr. Joseph M. Smith, 56 Bleecker street, New York, on or before the 20th of March 1853.

JOSEPH M. SMITH, M. D.

JOHN A. SWETT, M. D.

W. PARKER, M. D.

GURDON BUCK, M. D.

ALFRED C. POST, M. D.

New York, Sept. 17, 1852.

Editors of medical journals in the United States are respectfully requested to copy the above.

Amputations at the Hipjoint.

Dr. STEPHEN SMITH of New York gives us, in the New York Journal of Medicine for September, another valuable statistical article. It is on amputations at the hip joint. Of 53 cases, mentioned as occurring in European continental practice, 20 recovered—of 34 occurring in British practice, 15 recovered—and of 11 cases in American practice, 8 recovered. The operation has been much more successful of late years than formerly. *All* the cases in which anæsthetics were employed were successful. Of the several methods of performing the operation, “that of the double flap has been much the most frequently practiced, formerly with internal and external, but latterly with anterior and posterior flaps. * * * In all the successful cases, where the details of the operation have been given, this method has, with a single exception, been followed.”—*N. J. Med. Rep.*

Ink for the Million.

To the Editor of the American Journal of Pharmacy—The following formula for making a *very superior* ink is not generally known. The facility of its preparation, and its almost incredible cheapness (about two cents a gallon,) render it . worthy a place in your Journal.

R 12 oz. avoird. ext. logwood,
 ½ oz. “ bichromate potash,
 5 gallons water :

Dissolve the ingredients separately in water and mix them together. In a short time the ink will be fit for use.

An analysis of the above would be very desirable.

As an instance of the very great coloring property of hæmatoxylon, I have found that 1-100th of a grain dissolved in 4,000,000 times that quantity of water, will be tinged a fine pink color by the addition of a little aqua ammonia.

Yours, truly,

W. H. PILE.

Philadelphia, Sept. 13, 1852.

Notices of Publications.*Proceedings of the National Pharmaceutical Convention held at Philadelphia October 6th, 1852.—Pamphlet.*

We are glad to have these proceedings. They indicate the nucleus of a powerful organization, from which may flow great good or great evil. If the National Association which is formed will be so conducted as to "advance pharmaceutical knowledge and elevate the professional character of apothecaries and druggists throughout the United States," then it is, and will be a great affair. But if these, the professed objects of the association, are to be perverted into the advancement and personal aggrandizement of those engaged in the trade of selling physic, the association must prove more than a great humbug—it will be a great nuisance.

But the body seems to have been formed upon good principles and under auspicious circumstances. While the delegation was small, in comparison to the enormous number of druggists in the country, it was respectable in the extreme. We notice that the Richmond society was represented by Messrs. A. Duval, John Purcell and Jos. Laidley.

The proceedings contain merely the work of the organization, which resulted in the establishment of a pretty good constitution and a code of ethics. The latter is a document of such merit and general importance to every branch of the profession, that we publish it entire.

The appendix contains reports from the special drug inspectors at Boston and New York, which show the advantages (even the necessity) of their offices.

Of course we wish the association the utmost success. It will meet again on the 24th August 1853, at Boston.

Code of Ethics of the American Pharmaceutical Association.

"The American Pharmaceutical Association, composed of pharmacutists and druggists throughout the United States, feeling a strong interest in the success and advancement of their profession in its practical and scientific relations, and also impressed with the belief that no amount of knowledge and skill will protect themselves and the public from the ill effects of an undue competition, and the temptations to gain at the expense of quality, unless they are upheld by high moral obligations in the path of duty, have subscribed the following *Code of Ethics* for the government of their professional conduct.

"ART. I. As the practice of pharmacy can only become

uniform by an open and candid intercourse being kept up between apothecaries and druggists among themselves and each other, by the adoption of the National Pharmacopœia as a guide in the preparation of officinal medicines, by the discontinuance of secret formulæ and the practices arising from a quackish spirit, and by an encouragement of that *esprit du corps* which will prevent a resort to those disreputable practices arising out of an injurious and wicked competition: Therefore, the members of this association agree to uphold the use of the Pharmacopœia in their practice; to cultivate brotherly feeling among the members, and to discountenance quackery and dishonorable competition in their business.

“ART. II. As labor should have its just reward, and as the skill, knowledge and responsibility required in the practice of pharmacy are great, the remuneration of the pharmacist's services should be proportioned to these rather than to the market value of the preparations vended. The rate of charges will necessarily vary with geographical position, municipal location and other circumstances of a permanent character, but a resort to intentional and unnecessary reduction in the rate of charges among apothecaries, with a view to gaining at the expense of their brethren, is strongly discountenanced by this association as productive of evil results.

“ART. III. The first duty of the apothecary, after duly preparing himself for his profession, being to prepare good drugs and preparations, (for without these his skill and knowledge are of small avail,) he frequently has to rely on the good faith of the druggist for their selection. Those druggists whose knowledge, skill and integrity enable them to conduct their business faithfully, should be encouraged, rather than those who base their claims of patronage on the cheapness of their articles solely. When accidentally or otherwise, a deteriorated or adulterated drug or medicine is sent to the apothecary, he should invariably return it to the druggist, with a statement of its defects. What is too frequently considered as a mere error of trade on the part of the druggist, becomes a *highly culpable* act when countenanced by the apothecary; hence, when repetitions of such frauds occur, they should be exposed for the benefit of the profession. A careful but firm pursuit of this course would render well disposed druggists more careful, and deter the fraudulently inclined from a resort to their disreputable practices.

“ART. IV. As the practice of pharmacy is quite distinct from the practice of medicine, and has been found to flourish in proportion as its practitioners have confined their attention to its requirements; and as the conduction of the business of

both professions by the same individual involves pecuniary temptations which are often not compatible with a conscientious discharge of duty, we consider that the members of this association should discountenance all such professional amalgamation; and in conducting business at the counter, should avoid prescribing for diseases when practicable, referring applicants for medical advice to the physician. We hold it as unprofessional and highly reprehensible for apothecaries to allow any per centage or commission to physicians on their prescriptions, as unjust to the public, and hurtful to the independence and self-respect of both the parties concerned. We also consider that the practice of some physicians, (in places where good apothecaries are numerous,) of obtaining medicines at low prices from the latter, and selling them to their patients, is not only unjust and unprofessional, but deserving the censure of all high minded medical men.

“ART. V. The important influence exerted on the practice of pharmacy by the large proportion of physicians who have resigned its duties and emoluments to the apothecary, are reasons why he should seek their favorable opinion and cultivate their friendship, by earnest endeavors to furnish their patients with pure and well prepared medicines. As physicians are liable to commit errors in writing their prescriptions, involving serious consequence to health and reputation if permitted to leave the shop, the apothecary should always, when he deems an error has been made, consult the physician before proceeding; yet in the delay which must necessarily occur, it is his duty, when possible, to accomplish the interview without compromising the reputation of the physician. On the other hand, when apothecaries commit errors involving ill consequences, the physician, knowing the constant liability to error, should feel bound to screen them from undue censure, unless the result of a culpable negligence.

“ART. VI. As we owe a debt of gratitude to our predecessors for the researches and observations which have so far advanced our scientific art, we hold that every apothecary and druggist is bound to contribute his mite towards the same fund, by noting the new ideas and phenomena which may occur in the course of his business, and publishing them, when of sufficient consequence, for the benefit of the profession.”

Our thanks are due to the authors of the following pamphlets :

Popular Address before the Medical Society of East Tennessee—
By W. F. BARR, M. D.

We clip the following extract from this address :

“ Why is it that the people do not pay more regard to the qualifications of a physician, is difficult to divine. A preacher or a lawyer must be learned. Perishable *property* cannot be confided into the hands of ignorant lawyers! No! they *must* be learned, for it is required *by law*, that they *shall* undergo a strict examination by the judges of the court before they are permitted to engage in the practice of their profession. Yes, a man must be prepared and well qualified before he can engage in the practice of law! But alas! when the fell hand of disease seizes upon the body,—the frame is racked with pain, and human nature sinks almost powerless and pulseless under its effects, *anybody* will do for a *Doctor*. So he has the *title*, that is sufficient.

“ To remedy these evils, it entered into the minds of a few of the noble-souled and patriotic members of the profession, to form this society. They were foiled in their first effort; but with undaunted spirit—feeling the good of the cause which they had espoused—they persevered until they accomplished their object. He who proposed this measure, and those who so nobly contended for it, deserve the thanks of their brethren.

“ The objects of such a society are known, and it may seem unnecessary for me to repeat them; but as many are inclined to oppose, in order to silence their misrepresentations, I will assert them.”

An Inaugural Address of WORTHINGTON HOOKER, M. D., as Professor of the Theory and Practice of Medicine in Yale College; delivered in the College Chapel, and published by the Class. October 1852.

This address is upon “ *The present Mental Attitude and Tendencies of the Medical Profession.*”

Like everything else which comes from its very distinguished author, it is chaste in style and full of sound philosophy. Dr. H. is now in a position which will enable him to do much good to the cause of higher medical education. His standard we know is a high one, and he gives in to no nonsense about the *impracticability* of making it high everywhere.

An Oration delivered before the Masonic Fraternity and Citizens of Richland District, in Columbia, South Carolina, November 4th, 1852—By P. M. STEUART ADAIR GODMAN, W. M. of the Lodge of True Brotherhood.

This address was delivered on the late centennial anniversary of Washington's initiation by our craft. The author is the accomplished editor of the *Illustrated Family Friend*, and his oration is beautifully written. It is not only interesting to all good craftsmen, but it will amply compensate, by fine sentiment and rich language, all the uninitiated.

Cartwright on the Negro Constitution.

The September number of the "New Orleans Medical and Surgical Journal" contains an article, written by Dr. Cartwright of New Orleans, in reply to Dr. C. R. Hall of England, from which we will take the liberty of making a few extracts.

"To the question, Is not phthisis very common among the slaves of the slave states and unknown among the native Africans at home? I reply in the negative; that phthisis, so far from being common among the slaves of the slave states, is very seldom met with. As to the native Africans at home, little or nothing is known of their diseases. They have no science or literature among them, and never had. The word consumption is applied to two very different diseases among negroes. The cachexia africana, dirt-eating of the English, and mal d'estomac of the French, commonly called negro consumption, is a very different malady from phthisis pulmonalis, properly so called. The cachexia africana, like other spanaemic states of the system, may run into phthisis or become complicated with it. Dr. Hall asks in what does the peculiarity of negro consumption consist? It consists in being an ancæmatisis, and not a tuberculosis. 'Negroes, however, are sometimes, though rarely, affected with tubercula pulmonum or phthisis, properly so called, which has some peculiarities. With them it is more palpably a secondary disease than it appears to be among white people.' Farther he says 'phthisis is, par excellence, a disease of the sanguineous temperament, fair complexion, red or flaxen hair, blue eyes, large blood-vessels and a bony encasement too small to admit the full and free expansion of the lungs, enlarged by the superabundant blood which is determined to those organs during the first half score of years immediately succeeding puberty. Well form-

ed chests offer no impediments to its inroads, if the volume of blood be out of proportion to the expansibility and capacity of the pulmonary organs. Hence it is most apt to occur precisely at and immediately following that period of life known as matureness, when the sanguineous system becomes fully developed and gains mastery, so to speak, over the lymphatic and nervous systems. With negroes the sanguineous never gains the mastery over the lymphatic and nervous system. Their digestive powers, like children, are strong, and their secretions and excretions copious, except the urine, which is rather scant.'

" 'In regard to the darker color of the secretions, the flesh, the membranes, and the blood of the negro than the white man,' Dr. C. says 'the statement is made on the authority of the most distinguished anatomists and physiologists of the last century, confirmed by my own repeated observations. The authorities to which I particularly refer are Malpighi, Stubner, Mackel, Pechlin, Albinus, Sœmering, Verey and Ebel. Almost every year of my professional life, except a few years when abroad, I have made post mortem examinations of negroes, who have died of various diseases, and I have invariably found the darker color pervading the flesh and the membranes to be very evident in all those who died of acute diseases. Chronic ailments have a tendency to destroy the coloring matter, and generally cause the mucous surfaces to be paler and whiter than in the white race.'

'Dr. C. contends that the negro consumes less oxygen than the white man, and he says the fact is proved by the spirometer: he having tested the matter in a number of cases, found, other things being equal, the expansibility of the lungs in the black to be considerably less than in the white race. He says the same thing is proved by the comparatively larger size of the liver and the smaller size of the lungs, and physiologically, by the *roule* the liver performs in the negro's economy being greater, and that of the lungs and kidneys less than in the white man; and lastly, the fact is proved, he says, by the habitually slower motions of the negro than the white man, it being a well ascertained fact in physiology that animals which consume the most oxygen are more active than those which consume less.'

" 'In regard to the diseases to which the negro is particularly liable, and the manner in which different forms of disease are modified in his constitution, he remarks, 'They—the former observations—show that phthisis is a disease of the master race and not of the slave race—that it is the bane of that master race of men, known by an active hæmatisis; by

the brain receiving a larger quantity of aerated blood than it is entitled to ; by the strong development of the circulating system ; by the energy of intellect ; by the strength and activity of the muscular system ; the vivid imagination ; the irritable, mobile, ardent and inflammatory temperament, and the indomitable will and love of freedom. Whereas the negro constitution, being the opposite of all this, is not subject to phthisis, although it partakes of what is called the scrofulous diathesis.'

"Pneumonia, without subjective symptoms, is very common among them. Diphtheritic affections, so common among white children, are very rare among negroes. Intercurrent pneumonia is more common among them than any other class of people. It is met with in typhoid fevers, rheumatism and hepatic derangements, to which they are very liable in the cold season. The local malady requires a different treatment, to correspond with the general disorder. Bad, vicious, ungovernable negroes are subject to what might properly be termed scorbutic pneumonia—a blood disease, requiring anti-scorbutics. Scorbutic negroes are always vicious or worthless. A course of anti-scorbutics will reform their morals and make good negroes out of bad ones. They are liable to suffocative orthopnea after measles, and die, unless bled and purged. But purgatives are injurious in almost all their other affections involving the respiratory organs, except such as act especially on the liver. They check expectoration, says Dazille, and lay the foundations of those effusions and deposits of matter so often mistaken for genuine phthisis.'

"They are very subject to fevers attended with an obstructed circulation of air and blood in the pulmonary organs. Their abundant mucosities often prevent the ingress of air into the air cells, bloating their lips and cheeks, which are coated with a tenacious saliva. A cessation of digestion from too full a meal, or some hepatic or other derangement is soon attended with such a copious exudation of mucosities filling the air cells and tracheal passages, as to cause apoplexy, which with them is only another name for asphyxia. The head has nothing to do with it. So abundant are the mucosities in negroes, that those in the best health have a whitish pasty mucus, of considerable thickness on the tongue, leading a physician not acquainted with them to suppose that they were dyspeptic or otherwise indisposed. The lungs of the white man are the main outlets for the elimination of carbonic acid formed in the tissues. Negroes, however, by an instinctive habit of covering their mouth, nose, head and face

with a blanket, or some other covering, when they sleep, throw upon the liver an additional duty to perform, in the excretion of carbonic acid. Any cause, obstructing the action of the liver, quickly produces with them a grave malady, the retention of carbonic acid in the blood soon poisoning them."

'Viscous engorgements of the lungs destroy more negroes than all other diseases combined. They are distinguished from inflammatory affections, by the pyrexial symptoms not being strongly marked or not marked at all—by the puffy or bloated appearance of the face and lips—by the slavering mouth, the highly charged tongue, and by the torpor of mind and body. In a word, all the symptoms point to a deficient æration of the blood, or a kind of half way asphyxia. A torpid state of the system, listlessness and inactivity, almost approaching to asphyxia, from the diminished quantity of oxygen consumed by the lungs of the negro, form a striking contrast with the energetic, active, restless, persevering Anglo-Saxon, with a tendency to phlogosis and phthisis pulmonalis, from the surplus quantity of oxygen consumed by his lungs. Blistering the nape of the neck, so irritating in nearly all the diseases of the Saxon race, is almost a sovereign remedy or specific for a large proportion of the complaints that negroes are subject to, because most of them arise from defective respiratory action. Hence, whipping the lungs to increased action by the application of blisters over the origin of the respiratory nerves, a remedy so inexpedient and so often contraindicated in most of the maladies of the white man, has a magic charm about it in the treatment of those of the negro."

We have made these copious extracts from Dr. Cartwright's article, for two reasons. In the first place, we think the article contains matter of much interest to practitioners in the Southwest; and secondly, it seems to be admitted that this great and important field of investigation has been sadly neglected. How often do we hear physicians complain of their inability to make out a satisfactory diagnosis among negro patients, and the little satisfaction they have in treating these cases?

As to Dr. C.'s conclusions in regard to the inferiority of the negro, and that they are happier, and better provided for by good masters than when at liberty in the northern states or even in their own native country, we have nothing to say; we have no disposition or wish to argue the point, but would only suggest that if a *slow gait* were to be taken as the test of a man's ability to take care of himself, and those who were found deficient were provided with masters, there might be an awful quickening of gait among some of our loafers about town.—[*Trans. Med. Jour.*

Reminiscences of the Siamese Twins.

BY A. VON IFFLAND, M. D., &c.

On looking over a few days since some loose papers, my attention was attracted to one headed "condensed observations on the Siamese Twins, now exhibited at Quebec, 1835;" but from the length of time which has since elapsed, I cannot bring to my recollection whether this paper originated from my own personal enquiries and examination at the times of visiting them, or is partly a mere relation of facts by the gentleman then in charge of these extraordinary objects of *lusus naturæ*. The paper, however, if not novel, may prove not the less interesting to the junior members of the profession, and in that view, I place it at their disposal.

The twin brothers were born of Chinese parents in 1811, at a small village in Siam, distant about sixty miles from Bangkok, the capital of the kingdom. When the intelligence of their birth reached the ears of the king of Siam, he gave orders that they should be destroyed, as portending evil to his government; but he changed his intention and suffered them to live, on being assured that they were harmless, and would be capable of supporting themselves by their own labor. In 1824, Mr. Robert Hunter, a British merchant resident at Siam, saw them for the first time in a fishing-boat on the river in the dusk of the evening, and mistook them for some strange animal. It was only in the spring of 1829 that permission could be obtained from the Siamese government to bring them to England. They were taken to Boston, U. S., where they landed some time in August the same year, and six weeks afterwards embarked for England, and arrived in London in November.

They are both of the same height, namely, five feet two inches; and their united weight is 180 pounds. Their bodies and limbs are well made. The band of union is formed by the prolongation and junction of the ensiform cartilages of each, which meet in the middle of the upper part of the band, and form moveable joints with each other, connected by ligamentous structures. Underneath the cartilages there appear to be large hernial sacs opening into each abdomen; into which, on coughing, portions of the intestine are propelled as far as the middle of the band; though, in ordinary circumstances, these herniæ are not apparent. The entire band is covered with common integument; and when the boys face each other, its length at the apex is one inch and three quarters, and at the lower edge not quite three inches.

Its breadth from above downwards is four inches, and its greatest thickness nearly two inches. In the centre of the lower edge there is a cicatrix of a single navel. It possesses little sensibility and is of great strength; for upon a rope being fastened to it, the twins may be pulled along without occasioning pain; and when one of them is lifted from the ground the other will hang by the band alone, without sensible inconvenience. For the space of about half an inch from the medial line of the band the sensibility of the skin appears to be common to both. A silver teaspoon being placed on the tongue of one of the twins, and a disk of zinc on the tongue of the other, the moment the two metals were brought into contact, both the boys exclaimed "*sour, sour,*" thus proving that the galvanic influence passed from the one to the other through the connecting band. Another simple but clever experiment proved that the sanguineous intercommunion was not common to the two.

Their strength and activity are very remarkable. They can throw down with perfect ease a powerful man. They run with great swiftness, bend their bodies in all directions, and in their sports often tumble heels over head without the least difficulty or inconvenience. In all the bodily actions in which the concurrence of both is required, they exhibit a wonderful consent or agreement, without the appearance of any previous communication of their intention. The intellectual powers of each are nearly equal; and they have both attained the same degree of proficiency in the games of chess, draughts and whist. They both possess great powers of imitation. In their respective physical constitutions, however, several differences are observable. Chang, as the boy on the left is named, has more vigorous health and greater regularity of functions than his brother, whose name is Eng. In general, they take their meals, and obey the calls of nature, at the same time. In their healthy state their pulses are generally alike, and are easily excited; but that of the one may be accelerated, while that of his brother continues calm.

In their habits they are very cleanly and delicate; in their disposition affectionate and grateful for every kindness shown to them. There exists between them the most perfect harmony. They always fall asleep at the same moment; and it is impossible to wake the one without also waking the other.

Every access is afforded to men of science for promoting any object of philosophical enquiry.—*Canada Med. Journal.*

Hemorrhage from the Extraction of a Tooth.

BY S. A. SALTONSTALL, D. D. S., COLUMBUS, MI.

I wish to communicate, in as few words as possible, the particulars of an extraordinary case of hemorrhage, which followed the extraction of the first bicuspid tooth, on the right side of the upper jaw.

The subject was Mr. B——, of this place, a member of one of our best families, and a young man of superior attainments, and one of whom much of usefulness was anticipated in the future.

I report the case at his own request, as he has recently returned from New York with the title of M. D.

After removing the tooth and using a pledget of cotton saturated with alcohol and pulverized alum, the bleeding, though profuse at the time of the application, ceased, and the patient left my office. Late in the evening the orifice began to emit a copious discharge of blood, and I was sent for to visit him at his father's residence. I used the cork and cotton, which checked, for the time, the flow of blood. The compression was ordered to be continued until the healing process should indicate the safety of removing it. On the second morning, about day-light, I was sent for with the word, "mas John gwine to die." I then used the pure nitrate of silver, which afforded only temporary relief. Finding that this would not do, I used sulphuric acid, first protecting the teeth with beeswax; this failed. I then proposed to apply the actual cautery in the usual way, which was objected to by the consulting physician, who argued that upon its removal, it would bring away with it the coagulum, and only serve to increase the hemorrhage. I began to think that my career as dental surgeon was to end very speedily. The father of the patient was now considerably alarmed, and said to me, "you must do something." At this moment an idea occurred to me that might probably succeed. I mentioned it, and all concurred that it would certainly do; the young man consented to submit to it. I took a piece of pure silver plate, and cut it in shape to fit between the teeth and cover the lips of the orifice about the eighth of an inch on each side. This was bent to fit the parts, and heated to a white heat, and suddenly applied to the place, where it remained for several days. When it was removed, the coagulum came away with it. The orifice was examined, and a very delicate covering, resembling tissue paper, had formed over it.

The success of this operation is mainly attributable to the firmness and presence of mind manifested by the patient. I took my position immediately in front of him, with an instrument bent the right shape to hold the silver, and held it in my left hand; then with an ordinary mouth blow-pipe and a spirit lamp, I applied the heat until the silver was sufficiently hot, while the patient held a napkin firmly over the orifice. At a signal understood by him, he removed the napkin, and I applied the red-hot silver, which arrested effectually the hemorrhage.—*Am. Jour. Dental Science.*

Blood Changes in Disease.

A recent elaborate memoir on diseases of the blood, presented to the Academy of Sciences by MM. Becquerel and Rodier, winds up with the following conclusions:

1. In most chronic diseases, or in consequence of various hygienic influences, the three principal elements of the blood, viz: the red particles, the fibrin, and the albumen, may diminish or augment in quantity, separately or conjointly.

2. The red particles diminish in most prolonged chronic diseases, especially in organic diseases of the heart, in Bright's disease, chlorosis, paludal cachexia, hemorrhages, the last period of tuberculosis, the cancerous diathesis; the globules diminish also when the individual has been insufficiently nourished or exposed to bad hygienic conditions, such as insufficiency of air, want of light, or to humidity.

3. The albumen diminishes in the last stage of heart diseases, great symptomatic anæmia, cancerous diathesis, and when the nourishment is insufficient.

4. The fibrin remains normal, or is sometimes augmented in acute scurvy. In chronic scurvy, and in the symptomatic scorbutic state, which attends some chronic maladies, especially in organic diseases of the heart, it diminishes.

5. In all the above cited cases the water of the blood increases in amount.

6. The diminution of globules is shown especially by decoloration of the skin, palpitations, dyspnœa, systolic murmur at the base of the heart, arterial and venal murmurs.

7. The diminution of albumen produces dropsy; speaking generally, dropsy is the symptom of diminution of albumen.

8. The diminution of fibrin shows itself by cutaneous and mucous hemorrhages.

9. In the symptomatic anæmia of great hemorrhages, of bad nourishment, and of too great catamenial flow, the spe-

cific gravity of the blood diminishes, the water augments, the blood globules diminish; the albumen remains normal, or slightly diminishes; the fibrin remains the same.

10. In chlorosis, which is an entirely different disease from anæmia, the blood may be completely normal. When any changes occur, they are in the augmentation of the water, the diminution of the red particles, and the conservation of its normal figure or the augmentation of the fibrin.

11. In acute Bright's disease, the fibrin remains the same, the albumen diminishes; in chronic Bright's disease, the globules and albumen diminish; the fibrin remains normal or diminishes.

12. Most dropsies, called essential, are due to a diminution of the albumen.

13. In heart disease, the blood deteriorates more and more as the disease advances. The changes consist in simultaneous diminution of the red globules, albumen, and fibrin.

14. In acute scurvy, the blood is not altered; in chronic scurvy, the fibrin is diminished, and the globules augmented.

15. Quinine and generous diet are the best treatment for diminution of the albumen; vegetable acids and good diet for diminution of the fibrin; iron for the diminution of the red particles.—*Phil. Med. Jour.*

New Agent for detecting the Quantity of Urea in the Urine.

BY M. LEIBIG.

Translated from the French.

There are few questions in medicine more interesting than that which relates to the quantity of urea in the urine, because there are few diseases which do not modify more or less notably the proportion of this constituent. It will then be rendering an immense service to the art of curing, to provide physicians with a rapid and sure means of determining the proportion of this element.

Several valuable methods have already been discovered, but no one attains perfectly the end proposed. Some are faulty from their complication, others from their want of accuracy. One of the best consists in converting the urea into carbonate of ammonia, and then determining, by known methods, the quantity of nitrogen; but it is evident that such a procedure requires a manipulation too long and too delicate to be conducted by physicians; it is, therefore, resorted to only in rare cases where rigorously exact analyses are desired.

Professor Liebig has discovered that urea combines with the binoxide of mercury to form an insoluble compound, and he has founded upon this simple observation a method which, without being perfectly exact, is at least very convenient for determining rapidly the proportion of urea in the urine.

He commences by preparing a solution of neutral nitrate of mercury in distilled water, so as to obtain a normal liquor, which is kept separately. Then, when he wishes to examine the urine for the purpose of determining the quantity of urea which it contains, he adds gradually this normal liquor until the precipitate ceases. The quantity of the normal liquor added gives, within certain limits, a measure of the urea. Here, however, is a necessity for care. The precipitate which is formed is composed, as M. Liebig has shown, of

1 equivalent of urea,
 1 " of nitric acid,
 1 " of the binoxide of mercury.

From which it results that for each equivalent of urea precipitated in the new compound, there ought to be, and there is, in fact, three* equivalents of nitric acid which become free in the liquor. But the presence of this acid forms a serious obstacle to the further action of the nitrate, so that when the precipitate ceases to form, there is still a certain quantity of urea in the urine, which can only be thrown down after having saturated the free acid. This is done by adding gradually the water of baryta, taking care not to add it in excess, after which a new quantity of the normal liquor may be added, and a new precipitate obtained; and thus by successive additions of the normal liquor and the water of baryta, the whole of the urea may finally be precipitated. It is then that the whole quantity of normal liquor added furnishes a measure sufficiently exact of the quantity of urea.

This procedure has been repeated by Dr. Hoffman, who has spoken very favorably of it in a report which he made to the Chemical Society of London the 19th of January last.

J.

* There seems here to be a mistake. According to the general law of combination, as many equivalents of acid are required to saturate a base as there are atoms of oxygen in the base. There would, therefore, be one equivalent of free nit. acid, instead of three, as in the text.

J.

EXCHANGES OF THE STETHOSCOPE.

American Journal of Medical Sciences. Quarterly.	The Transylvania Medical Journal. — Monthly.
London Lancet. —Monthly.	New Orleans Monthly Medical Register.
Dublin Journal of Medical Sciences. — Quarterly.	Western Medico-Chirurgical Journal. Monthly.
Dublin Medical Press. —Weekly.	The New York Scalpel. —Quarterly.
British and Foreign Medico-Chirurgical Review. —Quarterly.	Nashville Journal of Medicine and Sur- gery. —Monthly.
Ranking's Abstract. —Semi-annual.	Charleston Medical Journal and Re- view. —Bi-monthly.
Braithwaite's Retrospect. Semi-annual.	The Western Lancet. —Monthly.
Canada Medical Journal. —Monthly.	Western Journal of Medicine and Sur- gery. —Monthly.
American Journal of Pharmacy. —Quar- terly, but not received regularly.	St. Louis Medical and Surgical Jour- nal. —Monthly.
New Jersey Medical Reporter. Monthly.	New York Medical Gazette. —Semi- monthly.
Northwestern Medical and Surgical Journal. —Monthly.	Medical Examiner. —Monthly.
L'Union Medicale de la Louisianne. — Monthly.	New York Journal of Medicine. — Monthly.
New Hampshire Journal of Medicine and Surgery. —Monthly.	Southern Medical and Surgical Jour- nal. —Monthly.
New Orleans Medical and Surgical Journal. —Bi-monthly.	American Journal of Dental Sciences. Quarterly.
The American Journal of Insanity. — Quarterly.	East Tennessee Record of Medicine and Surgery. —Quarterly.
Buffalo Medical Journal. —Monthly.	Memphis Medical Recorder. —Monthly.
Ohio Medical and Surgical Journal. — Monthly.	Southern Literary Mess'r. —Monthly.
Boston Medical and Surgical Journal. Weekly.	Methodist Quarterly Review.
New York Medical Times. —Monthly.	Numerous literary newspapers.
	Several irregular medical journals.

To Correspondents.

We have on file several papers, which shall appear early. Our contributors would do well to send in their articles early; and unless they hear from us directly, they may rest assured that their papers are on file, and will be published as soon as convenient.

INDEX TO VOL. II.

ORIGINAL, EDITORIAL AND MISCELLANEOUS ARTICLES.

Address of Medical Society of Virginia to the physicians of the state,	591	Carolina twins, description of,	394
Address of Dr. Thum,	357	Ceremony of graduating,	552
" Dr. Barr,	696	Chapman Medical Society,	690
" Dr. Hooker,	696	Chemistry, Kennedy's letter on,	456
" S. A. Godman, Esq.	697	Chemistry, Graham's,	282
Alcohol the remedy for rattle-snake bite,	540	Chemist's dream,	607
Allen on Retro-pharyngeal Abscess,	83	Chest diseases, Swett on,	223
American Medical Association,	40	Chloroform an emmenagogue,	680
" " re-organization of,	208, 274	Chloroform in cramp and spasms,	59
" " Transactions of,	450	Chorea, cases of,	231
" " delegates from Virginia to,	213	Circulars of medical schools,	228
" " proceedings of, fifth annual meeting of,	290	Circular to physicians,	416
" " prize of,	618	Climatic effects on disease,	66
American Med. Society in Paris,	172	Code of ethics of the U. S.	513
Amniotic dropsy, case of,	187	Code of ethics, apothecaries',	34
Anæsthesia, the discovery of,	226	" national pharmaceu- tical,	693
Anæsthesia, test for,	681	Colleges of pharmacy,	141
Aneurism of ulnar artery,	491	Colica pictonum, a case of,	63
Apology,	343	Colleges, medical,	556
Apothecaries' code of ethics,	34	Constitution of Med. Soc. Va.	331
Appointments,	451, 449	Cooper's Lectures on Surgery,	398
Arabian medicine,	357	Convention of druggists,	693
Association, National Pharmaceu- tical,	698	Convention of physicians called,	207
" " code of ethics of,	693	Convention, State Medical,	272
Asthma, cured by nitric acid,	17	Correction—Dr. C. B. Gibson,	315
Bartlett on Fevers,	452	Correspondents, notice to,	79
Beylard on Rachitis,	455	Cumberland Co., organization in,	215
Biddle's Materia Medica,	225	Death of Dr. J. K. Rogers,	73
Bismuth in gastritis,	262	" Pressnitz,	39
Blackman on amputation of lower jaw,	219	" Dr. T. O. Marshall,	163
Board of medical examiners,	197	" Dr. Corbin Braxton,	163
Bones found lodged at the ileo- cæcal valve,	186	" Dr. Wm. Durkin,	279
Botany, report on,	475	" Dr. N. C. Barabino U. S. N.	279
Braithwaite's Retrospect,	456	" Dr. J. B. Ball,	279
Bronchitis followed by false mem- brane,	432	" Dr. J. B. Rogers,	395
Buckingham Co. Med. Society,	349	" Dr. Daniel Drake,	687
Buckler on epidemic cholera,	219	" W. C. Carrington, Esq.	39
		Delirium tremens, quinine in,	264
		Delivery effected by incision of the perineum,	383
		Destructive fire,	39
		Diary and visiting list,	621
		Dickson's Essays,	283
		Digestive apparatus, diseases of,	185
		Diploma of Med. Soc. of Va.	35
		Discourses by Dr. Drake,	218

- | | | | |
|--|----------|---|-----|
| Discourses by Samuel Jackson and others, | 218 | Graham's Elements of Chemistry, | 282 |
| Discoverer of anæsthesia, | 226 | Gravel taken from the bowels of a child, | 185 |
| Diseases modified by climate, | 68 | Green on the Larynx, | 455 |
| Disease, God in, | 561 | Griswold on Diseases of Panama, | 84 |
| Doctors' tax, | 445 | Gun-shot fracture of the os femoris, | 341 |
| Dream, the chemist's, | 607 | Health of Richmond, | 391 |
| Dropsy of the amnion, | 187 | Hernia, case of strangulated scrotal, | 139 |
| East Tennessee Record, | 355 | Hernia, ventral omental, | 64 |
| Eclectic Medical Association, | 563 | Hereasies and quackery, | 546 |
| Editorial responsibilities, | 156 | Hints on the medical profession, | 563 |
| Emmenagogue effects of chloroform, | 680 | Hooker on Homœopathy, | 283 |
| Emphysema, a case of, | 427 | Hooping cough, pathology of, | 390 |
| Embryalsia, a case of, | 385 | Hygiene, topography and statistics of Virginia, report on, | 417 |
| Emblem of medicine—query, | 68 | Illinois Medical Society, | 562 |
| End of this volume, | 684 | Illustrated Family Friend, | 217 |
| Epidemics of Va. and No. Ca. | 416 | Imaginary cases, | 190 |
| Epidemic influence on sporadic disease, | 248 | Incision of perineum, | 383 |
| Epidemics in Virginia, | 277 | Indigenous medical botany of Va., | 475 |
| Epidemic of scarlatina, | 182 | Inertia uteri, case of, | 65 |
| Epidemic puerperal fever, | 376 | Influence of epidemics on sporadic disease, | 248 |
| Epidemic pneumonia, | 544 | Injury of head, fatal, | 495 |
| Ergot, fluid extract of, | 6 | Insane asylum reports, | 507 |
| Ergot, liquor of, | 33 | Iodide of potassium, | 67 |
| Ergot in puerperal convulsions, | 256 | Iodo-hydrargyrate of potassium, | 259 |
| Erratum, | 81 | Items of news, | 507 |
| Erysipelas of the penis, | 389 | Jordan Hatcher's victim, | 495 |
| Essays of Dr. Dickson, | 283 | Kennedy's letter on chemistry, | 456 |
| Essex County Medical Society, | 617 | Kentucky Medical Society, | 688 |
| Ethics, medical, | 446, 503 | Laryngeal polypi, Green on, | 454 |
| Ethics, apothecaries' code of, | 34 | Lead colic, a case of, | 63 |
| Ethics of National Pharmaceutical Association, | 693 | Lead, its solubility in the stomach, | 340 |
| Exchanges, | 217, 451 | Licensing of physicians, | 202 |
| Extraction of a long retained foreign body from near the anus, | 189 | Licentiate board bill, | 266 |
| Eye-protectors, | 154 | Linton's Outlines of Pathology, | 453 |
| False membrane in the air tubes, | 432 | Liquor ergotinæ, | 33 |
| Fenner's Southern Reports, | 452 | Louisa County Medical Society, | 40 |
| Fevers, Bartlett on, | 452 | L'Union Medicale de la Louisianne, | 343 |
| Fever, Flint on Continued, | 560 | Mal-presentation, case of, | 256 |
| Fever, ship, hints on, | 564 | Materia Medica, Biddle on, | 225 |
| Flint on Continued Fever, | 560 | Materia medica, Frost's, | 454 |
| Foot, case of severe injury of, | 387 | McSherry on gun-shot wounds, | 220 |
| Fracture of cranium, | 495 | Medical board of examiners, | 197 |
| Fracture of inferior maxilla, | 533 | Medical convention of Virginia, | 315 |
| Fracture of os femoris, | 341 | Medical education, | 74 |
| Fracture of radius, | 605 | Medical examiners, scheme considered, analysis of the bill, | 266 |
| Frost's Materia Medica, | 454 | Medical department of Hampden Sidney college, close of session, | 162 |
| Gall bladder, physiology of, | 651 | Society of alumni, | 197 |
| Gastritis, subnitrate of bismuth in, | 262 | Annual commencement of, | 200 |
| Ganglionic nerves, anatomy and physiology of, | 364 | Medical Hall of Virginia, | 504 |
| Georgia Medical Society, | 561 | " curator's circular, | 507 |
| God in disease, | 561 | Medical progress in Virginia, | 549 |
| Goodridge A. Wilson, M. D. | 450 | | |
| Gonorrhœa, cases of, | 71 | | |
| Graduation, ceremony of, | 552 | | |
| Graduates of University of Va. | 396 | | |
| Graduates in medicine, | 200, 216 | | |

- Medical Society of 13th Congressional District,** 447
Medical Society of Essex County, 617
Medical Society of Louisa County, 40
Medical Society of Virginia:
 Transactions of, 19, 71, 144, 191, 317
 Annual meeting of, 318
 Constitution of, 331, 396
 Roll of fellows, 318, 395
 Committees of, 449
 Address from committee of, 591
 Diploma of, 35
Medico-Chirurg. Society of Richmond: organization of, 392
 Proceedings of, 447, 506, 558, 616, 689
Meeting of physicians in Cumberland, 215
Meigs' Obstetrics, 398
Meigs' Velpeau's Midwifery, 226
Mendenhall's Student's Vade-mecum, 225, 557
Menstruation, case of disordered, 192
Menstruation at four years of age, 439
Morris on scarlet fever, 42
Midwifery, Meigs' Valpeau's, 226
Miller's Principles of Surgery, 397
Missouri Medical Association, 512
Mumps, followed by phrenitis, 382

National Association, 208
National Medical Association, (see American Medical Association,)
National Pharmaceutical Asso'n, 693
Neil's Compendium of Medicine, 82
Neligan on the Skin, 620
New York, South. Cent. Asso'n, 512
Northern Neck of Va., diseases of, 243

Obstetrics, Meigs', 398
Ohio State Medical Society, 220
Operative Surgery, Piper's, 621
Optic nerves, physiology of, 144
Organization of the profession of Richmond, 156, 160
Original department of this journal, 613
Ovariectomy, Atlee's table of all the operations on, 219

Pamphlets received, 456
Panama, diseases of, 84
Parisian affairs, 279
Pathology, Linton's, 453
Pathology, Simon's, 620
Patrons, a word to, 214
Penis, erysipelas of, 389
Pereira's Materia Medica, 81
Peritonitis, with trivial symptoms, 186
Pertussis, pathology and treatment of, 390
Pharmaceutical convention, 693
Pharmaceutical Society of Richmond, 393, 449
Pharmacy, colleges of, in N. Y. and Pa., 141

Pharmacy, the progress of, 221
Phrenitis, complicated with worms, 541
Phrenitis following mumps, 382
Phthisis pulmonalis, a case of, 128
Physicians and apothecaries, 78
Physician's Diary, &c. 621
Physiology of glangionic nerves, 364
Physiology of the gall bladder, 651
Physiology of vision, 144
Physiology illustrated by vivisections, 686
Physiology, Reese's, 454
Pledge on graduating, 552
Piper's Operative Surgery, 621
Pirrie's Surgery, 511
Pittsylvania Medical Society, 350
Pokeberries, case of poisoning by, 134
Polypus uteri, removal of, 8
Pneumonia, an epidemic of, 544
Pneumonia, &c., Ramsay on, 85
Pneumonia, typhoid, a case of, 428
 " observations on, 431
Poisoning by pokeberries, 134
Polly Blunt's case, 192
Porrigo, a case of, 133
Post mortem of tabes mesenterica, 380
Potassium, iodo-hydrargyrate of, 259
Precocity, remarkable case of, 439
Premature labor, case of, 65
Primary medical instruction, 158
Private medical instruction, 38
Prize of American Medical Association, 618
Prize, the Fiske, 615
Progress in medical affairs, 549
Prolapsus uteri, 13
Protectors for the eyes, 154
Puerperal convulsions, 19
 " " report of a case of, 28
 " " case of, 256
 " fever, epidemic of, 376

Quackery and heresies, 546
Query about the medical emblem, 68
Quinine a sedative in large doses, 173
 " evidence in favor of large doses in fever and inflammation, 122
 " in delirium tremens, 264
 " in phrenitis, 541
 " its therapeutic action, 486
 " its uses and abuses, 1
 " its uses and properties, 117
 " its uses and effects, 665
 " sulphate of, 436
 " tannate of, 435

Rachitis, Beylard on, 445
Radius, fracture of, 605
Ramsay on pneumonia, 85
Ranking's Abstract, 564
Rattlesnake bite cured, 540
Registration of births and deaths, 439
Reese's Physiology, 454
Reform in medical education, 74

Registration of births, marriages and deaths,	272	Surgery, Pirrie's,	511
Reports of insane asylums,	507	Swett on Chest Diseases,	223
Report on medical botany of Virginia,	475	Syphilis, Wilson on,	619
Report to Medical Society of Virginia on the hygiene and public health, the medical topography and statistics of Virginia,	417	Tabes mesenterica, post mortem,	380
Responsibilities of an editor,	156	Tannate of quinine,	435
Retro-pharyngeal abscess,	83	Tax on physicians,	445
Retroversio uteri, case of,	536	Test of anæsthesia,	681
Rheumatism of womb,	600	Topography and diseases of Northern Neck of Va.	243
Safety point in anæsthesia,	681	Transactions, Vol. IV Am. Med. Association,	42
Sanguinaria canadensis, a gargle for scarlatina,	182	Trephining, case of,	495
Scarlatina, an epidemic of,	182	Twins, the Carolina,	394
Semmes' letter from Paris,	279	Ulceration of colon and rectum,	186
Sequard, Dr. E. Brown,	393, 686	Ulnar artery, deligation of,	491
Simon's Pathology,	620	University of Virginia,	555
Skin diseases, Cazenave and Schedel on,	224	University of Va., medical graduates of,	396
Skin, Neligan on,	620	Upham on Ship Fever,	564
Society of alumni medical department of Hampden Sidney college, meeting of,	197	Uterine tumor,	385
Societies in the counties,	281	Vaccine virus for Virginia,	345
South Carolina Medical College,	344	Virginia Colonizationist,	344
Solubility of lead in the stomach,	340	Virginia Medical Transactions,	615
Southern Medical Reports,	452	Vision, remarks on, (with cuts),	144
St. Louis Medical and Surgical Journal,	556	Volume II of this journal,	36
Storer's report on obstetrics,	220	Volume II, close of,	684
Supporter, Mrs. Carter's Abdominal,	215	Vivisections, physiology illustrated by,	686
Surgery, Cooper's Lectures on,	398	Wilson on Syphilis,	619
Surgery, Miller's Principles of,	397	Womb, rheumatism of,	600
Surgery, Piper's Operative,	621	Wood's Hints on the Profession,	563
		Wood's Practice of Medicine,	399
		Youman's Class Book of Chemistry,	83

SELECTED ARTICLES.

Abcess, hepatic,	635	California, her hospitals, diseases and mortality,	407
Albumenuria and its relations to eclampsia,	58	Calomel and soda a cathartic,	351
Alvine discharges of children,	460	Catheterization of the fallopian tubes,	229
Amenorrhœa,	464	Children, alvine discharges of,	460
Anonymous writers, &c.	401	Cholagogue medicines in liver complaints,	528
Ayer's Cherry Pectoral,	87	Cigars, medicated,	91
Bernard on the Physiology of the Liver,	630	Circulars of medical schools,	228
Birds, experiments on the livers of,	577	Collodion used to produce artificial ectropium,	57
Bladder, case of rupture of,	642	Combustion, spontaneous,	96
Bleeding, rules for in pneumonia,	415	Conception, false,	629
Blood changes in disease,	704	Congestion and inflammation, bloodletting in,	286
Bloodletting,	286	Copper, antidote for,	104
Blood stains, detection of,	414	Corn doctor in London,	580
Bowels, treatment of obstructions of,	88	Croup, tracheiotomy in,	107
Breweries of London,	628		

- | | | | |
|---|-----|---|-----|
| Deafness, treatment of, | 411 | Labor, case of protracted, | 56 |
| Despotism <i>vs.</i> science, | 576 | Laboring classes in New York, | 402 |
| Diagnosis of phthisis, | 353 | Lactation reproduced, | 115 |
| Diagnosis, the microscope and stethoscope in, | 407 | Law and lawyers, relations of, with medical witness, | 163 |
| Disease, effects of on the blood, | 704 | Lead poisoning, | 649 |
| Diseases, hospitals and mortality of California, | 407 | Leucorrhœa, arg. nit. in, | 112 |
| Diseases, structure and functions of the liver, | 528 | Liver diseases, | 586 |
| Diseases of the liver, | 586 | Liver, its structure, functions, &c. | 528 |
| Doctorate, cost of in Paris, | 91 | Liver, the physiology of, | 630 |
| Drug inspection law, | 642 | Livers of birds, experiments on, | 577 |
| | | London corn doctor, | 580 |
| Eclampsia and its relations to albumenuria in lying-in women, | 58 | Magnesia, an antidote for copper, | 104 |
| Ectropium produced by collodion, | 57 | Mahnerism, | 87 |
| Enema albuminous of argt. nitr. | 92 | Malpositions of the uterus, | 111 |
| Error in the Pharmacopœia, | 582 | Medical institutions of Paris, | 44 |
| Eve, Professor, letters from, | 622 | Medicinal cigars, | 91 |
| Evidences of rape, false, | 410 | Medical witnesses, relations of, | 163 |
| Examination before the Royal college of surgeons, | 49 | Mercury, the red iodide of, | 582 |
| Experiments in physiology, | 409 | Microscope in diagnosis, | 407 |
| | | Miscarriage at the 4th month, | 55 |
| Fallopian tubes, is their catheterization possible, | 229 | Museum, the Hunterian, | 622 |
| Febrifuges of the Germans, | 105 | | |
| Fees of educated physicians, | 585 | Negro constitution, Cartwright on, | 697 |
| Fissures in the bony palate, | 109 | Nervous system, remarks on, | 583 |
| Folliculitis, | 97 | Neuralgia, the treatment of, | 352 |
| Fœtus, effects of syphilis upon, | 284 | New York, misery in, | 402 |
| Fracture of ant. infr. spinous process of the ilium, | 286 | New York medical politics, | 582 |
| | | Nitrate of silver, albuminous enema of, | 92 |
| Glandular system, effects of iodine on, | 639 | Nitrate of silver in whites, | 112 |
| Gonorrhœa, treatment of, | 473 | Nostrums recommended by physicians, | 457 |
| | | | |
| Hæmoptysis, | 645 | Obstructions of the bowels, | 88 |
| Hair balls from a human stomach, | 85 | Oinomania, | 567 |
| Hemorrhage from a tooth, | 703 | Ovaria, inflammation of, | 526 |
| Hepatic abscess, | 635 | Ovarian cyst, operation upon and delivery afterwards, | 285 |
| Hermaphroditism, | 110 | Ovary removed by mistake, | 108 |
| Hernia, case of strangulated inguinal, | 43 | | |
| Homœopathy <i>versus</i> allopathy, | 564 | Palate, closure of fissures in, | 109 |
| How Prof. Henderson became a homœopath, | 406 | Paralysis, case of hysterical, | 50 |
| Hospitals of London, | 624 | Paris, medical institutions of, | 44 |
| Hydropathy illustrated, | 583 | Parturition after an operation upon an ovarian cyst, | 285 |
| Hysterical paralysis, case of, | 50 | Philadelphia county, number of practitioners in, | 48 |
| | | Phthisis, diagnosis of, | 353 |
| Ilium, fracture of the antr. infr. spinous process of, | 286 | Physicians' fees, | 585 |
| Imagination, influence of on pregnancy, | 647 | Physiology of the liver, | 630 |
| Inflammation of the ovaria, | 526 | Physiology in rhyme, | 413 |
| Inguinal hernia, | 43 | Physiological experiments, | 409 |
| Inspection of drugs, | 642 | Pledge on graduating, | 53 |
| Instrument for treating prolapsus of the womb, | 419 | Poisoning by lead, | 649 |
| Iodine, effects of glandular system, | 639 | Politics, New York medical, | 582 |
| Itch, speedy cure of, | 414 | Procidencia of the cord, | 55 |
| Itch, treatment of, | 94 | Pregnancy, influence of imagination on, | 647 |
| | | Preservative liquid against syphilis, | 104 |
| | | Pneumonia, rules for bleeding in, | 415 |
| | | | |
| | | Quack, the slandering, | 400 |
| | | Quackery, new species of, | 87 |

Quackery, scheme for the diminution of,	53	Sun shield,	47
Quarrel of Edinburgh professors,	574	Syphilis, effects of upon foetus,	284
Rape, false evidence of,	410	Syphilis, protection against,	104
Reproduction of lactation,	115	Throat diseases,	97
Retroversion, &c. of the uterus,	629	Toe-nail, ingrowing of,	106
Rhyming physiology,	413	Tooth, hemorrhage from the extraction of,	703
Royal college of surgeons, examination for fellowship,	49	Tracheiotomy in croup,	107
Rupture of the bladder,	642	Twins, the Siamese,	701
Soda and calomel, a cathartic,	357	Urea in the urine, mode of measuring,	705
Siamese twins,	701	Urticaria, treatment of,	106
Sign of the viability of children,	104	Uterus, instrument for treating prolapsus of,	413
Simpson, visit to professor,	628	Uterus, malposition of,	111
Skin, the structure of,	572	Vaccination, anomalous effects of,	285
Slandering quack,	400	Varioloid,	285
Spontaneous combustion,	96		
Stomach, hair balls taken from,	85		
Stricture of the urethra,	570		

